

the

Canadian Nurse



VOLUME 60

MONTREAL

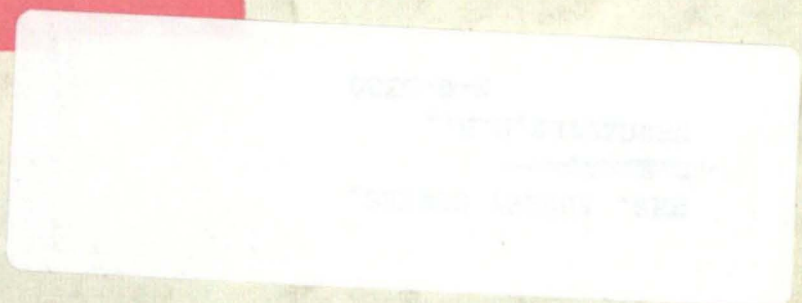
NUMBER 5

MAY 1964

LET'S LOOK AT THE TEACHER

GYNECOLOGY AND OBSTETRICS
—A NURSING CHALLENGE

HIP ARTHROPLASTY



OWNED AND PUBLISHED BY

THE CANADIAN NURSES' ASSOCIATION



Style #0708 short sleeves in LUX-OPAQUE TERYLENE
TAFFETA

About \$12.98

Style #0508 short sleeves in SUPER COMBED

WASH AND WEAR POPLIN

About \$9.98. Sizes 8 to 20

Style #0760 short sleeves in LUX-OPAQUE TERYLENE
TAFFETA

About \$12.98

Style #0560 short sleeves in SUPER COMBED

WASH AND WEAR POPLIN

About \$10.98. Sizes 10 to 20

WHITE SISTER

of course

For free style brochure write to: WHITE SISTER UNIFORM Inc., 70 Mt. Royal W., Montreal, Que.



For more efficient oral hygiene Steri/sol...the professional therapeutic mouth wash and gargle

New levels of achievement in the maintenance of oral hygiene are now possible due to the natural affinity of Steri/sol's active ingredient, hexetidine, for mouth tissues. Relatively unaffected by food and drink, Steri/sol maintains bactericidal and bacteriostatic activity for hours.

For bad breath, sore gums, minor oral infections or for sore throats due to

colds, rinse and gargle with full strength Steri/sol. For prophylaxis and maintenance of a constant high level of oral hygiene, use Steri/sol night and morning.

WARNER-CHILCOTT
Toronto, Ontario



MADE BY THE MAKERS OF PERITRATE, SINUTAB, TEDRAL, GELUSIL

Between Ourselves

Each biennium, in the spring months preceding the general meeting, it has long been our custom to invite the officers of our Association or the chairmen of the major committees to share with you their thinking, as our guest editors, on matters affecting our profession. This month we are proud to welcome our first vice-president, ANN ISOBEL (BLACK) MACLEOD to our pages. Before you read Mrs. MacLeod's editorial, take a quick look at the Ticket of Nominations on page 474 and you will note that she is president-elect by acclamation. Now, as you read "A Health Assessment" you will realize how thoroughly familiar with all of the activities, developments our president-to-be already is.

A graduate of the University of Alberta Hospital, with her M.A. from Teachers College, Columbia University, Mrs. MacLeod is the wife of a prominent psychiatrist in Montreal. Her early professional career concentrated, broadly speaking, on the field of public health nursing. Since 1953 she has been the director of nursing of The Montreal General Hospital. During this past biennium she has been chairman of the CNA Finance Committee and also of the special committee that studied the interrelationships of the National Office of our association and the Canadian Nurse Journal office.

* * *

Have you ever thought of the fact that "obstetrics" and "gynecology" are twin facets of medical care that are distinctly and completely feminine in character? As Dr. J. EDWIN COFFEY points out in his discussion of "Newer Concepts in Gynecology," the two fields are so closely allied there is a definite trend today toward melding them into one specialty.

Agensis or aplasia is the partial or complete failure of a part of the body to develop; in the current article, a part of the female reproductive system. While the surgeon could assist nature, the comprehensive nursing care that was required and provided was of the utmost importance to the ultimate recovery of the patient.

Every nurse is very familiar with the care of patients afflicted with the chronic condition of the joints — arthritis. A youthful nurse who has never seen an arthritic patient recover to a point even approaching normal use of those affected joints is apt to be extremely pessimistic. She needs to be reminded constantly that a considerable degree of recovery is not only possible but probable with adequate, intelligent care. In particular, those patients who can benefit from arthroplasty will be able to resume their normal pattern of life, free from endless, nagging pain. Following surgery, which is clearly outlined by Dr. IGOR BITENC, there is a long, slow period of rehabilitation during which good nursing care is so essential. Physiotherapy and occupational therapy have important roles in promoting recovery but it is the nurse, through her more frequent contacts with the patient, who can supply the psychotherapy that is never more vital than when emotional upsets, worry and discouragement torment the sufferer.

* * *

Next month, many nurses will be traveling to St. John's, Newfoundland for their first visit to that friendly Atlantic province. Accommodations have been arranged for a thousand visitors. We hope your application has gone in long since.

Those of you who are lucky enough to be going will receive the warmest welcome you have ever been accorded anywhere in the world. You can become familiar with many of the "different" expressions that may be recognized from the items in World of Nursing this month.

While your welcome will be heart warming, the weather does not always match the graciousness of our hostesses. It may be cold; it may be damp; there may be icebergs off shore; there might even be a middle of June snow storm. So bring plenty of warm clothes, your most comfortable walking shoes and, just in case, a leak-proof hot water bottle.

BE SEEING YOU IN ST. JOHN'S!



THE CANADIAN NURSE

May 1964, Vol. 60, No. 5

- 453 A HEALTH ASSESSMENT *A. I. MacLeod*
- 455 GYNECOLOGY AND OBSTETRICS: A NURSING CHALLENGE *J. E. Coffey*
- 459 AGENESIS OF THE FEMALE REPRODUCTIVE TRACT
..... *S. M. Miall and D. E. Milligan*
- 463 HIP ARTHROPLASTY *I. Bitenc*
- 466 THE LONG ROAD HOME *J. McKay*
- 471 LET'S LOOK AT THE TEACHER *S. Jourard*
- 479 CNA EXECUTIVE MEETS IN OTTAWA *J. Ferguson*
- 480 MANY IRONS IN THE FIRE

*The views expressed in the various articles are the views of the authors and
do not necessarily represent the policy or views of
THE CANADIAN NURSE nor of the Canadian Nurses' Association.*

- | | |
|--|-------------------------------|
| 426 BETWEEN OURSELVES | 475 THE WORLD OF NURSING |
| 430 PHARMACEUTICALS AND OTHER
PRODUCTS | 485 EMPLOYMENT OPPORTUNITIES |
| 432 RANDOM COMMENTS | 522 EDUCATIONAL OPPORTUNITIES |
| 474 CNA TICKET OF NOMINATIONS,
BIENNIUM 1964-1966 | 527 INDEX TO ADVERTISERS |

Journal Board: Miss Alice Girard, Chairman; Misses M. Cameron, M. Lewis, G. Charbonneau, H. McArthur, M. Richmond, S. Alcoe, Mrs. I. MacLeod, Sr. D. Lefebvre, Miss E. A. E. MacLennan, president CNA; Misses H. Mussallem, M. E. Kerr.

Editorial Advisors: **Alberta,** Miss Jean Cummins, 1305 Montreal Ave., Calgary; **British Columbia,** Miss Marion Macdonell, 1807 West 36th Ave., Vancouver 13; **Manitoba,** Miss Sheila L. Nixon, 31-105 Roslyn Road, Winnipeg 13; **New Brunswick,** Miss Anna Christie, 231 Saunders St., Fredericton; **Newfoundland,** Miss Ruby Harnett, 59 Bennett Ave., St. John's; **Nova Scotia,** Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; **Ontario,** RNAO, 33 Price St., Toronto; **Prince Edward Island,** Miss Ida MacKay, Dept. of Health, Dominion Bldg., Charlottetown; **Quebec,** Sr. M. Elaine, St. Mary's Hospital, Montreal (English); Sr. Sainte-Barbe, Hôtel Dieu Hospital, Quebec City (French); **Saskatchewan,** Miss Victoria Antonini, SRNA, 2066 Retallack St., Regina.

Executive Director and Editor: Margaret E. Kerr, M.A., R.N.

Associate Editor: Jean E. MacGregor, B.N., R.N.

Assistant Editor (English): Virginia A. Lindabury, B.Sc.N., R.N.

Assistant Editor (French): Claire Bigué, B.Sc., Ed. Inf., I.L.

Circulation Manager: Winnifred MacLean

Subscription Rates: Canada and Bermuda: 6 months, \$2.25; one year, \$4.00; two years, \$7.

Student nurses: one year, \$3.00; three years, \$7.00.

U.S.A. and Foreign: one year, \$4.50; two years, \$8.00.

Single copies: 50 cents each.

For the subscribers in Canada, in combination with the
American Journal of Nursing or *Nursing Outlook*: 1 year, \$10.00.

Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for journals lost in mail due to errors in address.

Authorized as Second-Class Mail by the Post Office Department, Ottawa, and for payment of postage in cash. Postpaid at Montreal.

RETURN POSTAGE GUARANTEED

1522 Sherbrooke Street West, Montreal 25, Quebec



Quality at your feet.



Wondersole is contoured to match the shape of your foot. Your body weight is distributed evenly along its entire length for complete support.

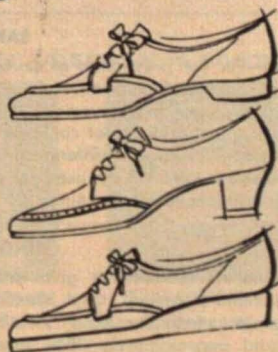
Air Step's new Wondersole cradles your feet with comfort every walking minute!

What a difference Air Step's new Wondersole makes to your general feeling of well-being. It lets you walk on the entire bottom of your foot instead of just the heel and ball. This allows you to walk and stand longer without strain.

For the name of your nearest Air Step dealer, write Air Step Division, Brown Shoe Company of Canada, Ltd., Perth, Ontario.

Air Step®

THE SHOE WITH THE MAGIC SOLE



MEDIC
\$14.99*

WARD
\$15.99*

WONDER
TIE
\$14.99*

*Prices quoted are Suggested Retail Prices

Air Step Division, Brown Shoe Company of Canada, Ltd., Perth, Ontario

Pharmaceuticals

and other products

BETADINE SHAMPOO (BRITISH DRUG HOUSES)

Indications—For the safe, effective treatment of seborrheic conditions of the scalp characterized by erythema, scaling and exfoliation of the scalp with excessive dandruff and accompanied by pruritis; as a general germicidal skin cleanser in the prevention of acute inflammatory skin diseases and recurrent furunculosis.

Description—An antiseptic shampoo containing 7.5% povidone-iodine as an active ingredient. It forms a rich, golden lather, free from any objectionable medicinal odor. Available in plastic squeeze bottle of 4 fluid ounces.

COMPLAMIN (ELLIOTT-MARION)

Indications—For the treatment of peripheral vascular and cerebral vascular disease.

Description—Complamin is a xanthine derivative of 3-pyridine carbonic acid. It acts by increasing the blood supply to the skin and musculature by opening the reserve capillaries.

Administration—In *acute* cases, Complamin should be used in large doses parenterally, orally or both. Suggested dosage is 1.8-5.4 Gm. daily. The suggested dosage for maintenance therapy is 0.9-1.8 Gm. daily.

Side Effects—The toxicity of Complamin is low. No deleterious side effects have been noted. A sensation of warmth in the skin may appear in the upper half of the body, then subside in 10-20 minutes. This usually disappears after the drug has been used 3 or 4 days.

Contraindications—Should not be given with ganglionic blocking agents, phenothiazines or piperazine derivatives. Should be used with caution on patients with peptic ulcer.

DISPOSABLE WASH CLOTH (LOWNDES)

Description—A non-woven, absorbent wash cloth that lasts "one per patient per day." Surveys have shown that its use is 50 per cent less expensive than use of the harsher-surfaced conventional woven fabric. Further savings are realized because counting, sorting and "penalty" charges for shortages are eliminated. Available in 11" x 12" size or larger.

FOOT ELEVATOR (J. T. POSEY)

Uses—Forms a soft, light collar around the ankle, elevating the foot to give the patient maximum comfort and protection without any irritation from contact with the sheet.

Description—Composed of polyether foam covered by a slick plastic shield. The soft cotton liner is launderable.

HEMA-COMBISTIX (AMES)

Uses—A four-way "dip-and-read" strip test for simultaneous colorimetric determination of urinary pH, glucose, protein and occult blood.

Description—Hema-Combistix is ideal for rapid routine testing in the physician's office, and for routine urinalysis in the hospital and laboratory. False positives due to turbidity interference, non-glucose reducing substances, etc., are eliminated. The test requires only drops of urine and is time-saving and economical. Available in glass bottles of 100 strips. A color chart appears on each bottle label.

SANSERT (SANDOZ)

Indications—For the prevention of severe, recurring vascular headaches.

Description—Sansert has three main actions: It inhibits serotonin (a vasoconstrictor compound); it reduces fluctuations of blood vessels; it affects various pain factors, one of which appears to be serotonin. Each sugar-coated tablet contains 2 mg. methysergide maleate.

Administration—Average maintenance dosage: 2-4 tab. daily with meals.

Contraindications—Not to be used by patients with peripheral vascular disease, coronary artery disease, severe arteriosclerosis, pregnancy.

SINOGRAFIN (SQUIBB)

Uses—A contrast medium to give radiographic evidence of physiologic and pathologic conditions of the female genital tract. Specifically intended for hysterosalpingography.

Description—A sterile aqueous solution of 40% Renografin, 20% Cholografin methylglucamine salts, and approximately 38% firmly bound iodine. Sodium citrate is added as a buffer.

Administration—The medium is administered to patient in lithotomy position. To visualize the uterus, 3 to 4 cc. usually suffice. An additional 2 to 4 cc. will demonstrate the tubes.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

simplify

YOUR ENEMA PROCEDURES WITH

TRAVAD®

DISPOSABLE ENEMA UNITS



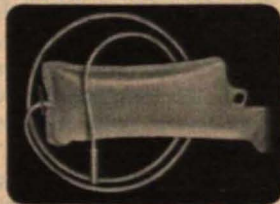
"ON-THE-FLOOR"



CENTRAL SUPPLY

The TRAVAD system simplifies all aspects of your enema procedures. From Central Supply to use "on-the-floor" the TRAVAD system saves personnel time and saves the hospital money. Enema administrations are no longer a chore, because all units are completely assembled/completely disposable . . . there's nothing to disassemble, nothing to disinfect afterwards. Whether the need is for a conventional cleansing or even a barium enema . . . a prefilled unit, or a large volume container . . . the TRAVAD system has a specific unit for the specific need. TRAVAD disposable enema units are individually packaged . . . flat to save storage space . . . reduce work load. And, they cost no more than less convenient units. Is it any wonder,

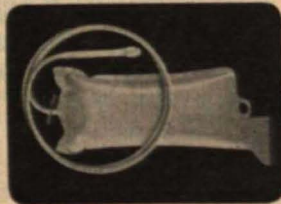
"THE TREND IS TO TRAVAD®" (disposable enema units).



TRAVAD 1500® large volume enema container with soap packet and waterproof bed pad



TRAVAD® ready-to-use enema unit



TRAVAD® B.E. large volume barium enema container

BAXTER LABORATORIES OF CANADA LTD.
ALLISTON, ONTARIO

CONSTIPATION?

for effective overnight
laxative action
prescribe

Agarol

taken at bedtime
works gently
to produce a normal
bowel movement
in the morning.

TORONTO, ONTARIO

Test Pool Examinations FOR Registration of Nurses IN Nova Scotia

To take place on August 19, 20 and 21, 1964 at Halifax, Sydney, New Glasgow, Antigonish and Yarmouth. Requests for application forms should be made at once and forms must be returned to the Registrar not later than June 19th, 1964 together with:

1. Diploma of School of Nursing;
2. Fee of Twenty Dollars (\$20.00).

Applications received after this date will not be accepted. No undergraduate may write unless he or she has passed successfully all final school of nursing examinations and is within nine (9) weeks of completion of the course in nursing.

**NANCY H. WATSON, R.N.,
REGISTRAR,
THE REGISTERED NURSES' ASSOCIATION
OF NOVA SCOTIA,
6024 QUINPOOL ROAD, HALIFAX, N.S.**

Random Comments

Only signed letters submitted to the editor will be considered for publication here. Name will be withheld from the published letter at the writer's request.

Dear Editor:

Attention Hamilton General Hospital Graduates! Your School of Nursing celebrates its 75th Anniversary in June 1965. Have we your correct address, maiden and married names and year of graduation? If not, please notify the Alumnae Office, Senior Residence, Hamilton General Hospital.

B. McMullen, Chairman,
Publicity Committee.

Dear Editor:

Mrs. McDonald is to be commended for her letter (July '63). At a time when the press is assailing medicine in general, we should welcome constructive criticism from our members; I personally find many articles a ponderous mass of verbiage.

The student nursing care studies are good, although they tend to emphasize routine nursing details. (We assume the patient has been turned, and his back rubbed). These studies neglect the broader issues, e.g. statistics re prognosis, etc.

There is little in the magazine of world interest. Our diseases nowadays are mainly from over-indulgence of some sort, while 61% of the peoples of the globe are hungry! This should be of vital concern to each of us.

M. Mosley, Ont.

Dear Editor:

In the Jan. '64 issue ("In a Capsule") the matter of Florence Nightingale seemed, even as a capsule, hard to take. I have had a special interest in this lady, lately: Having had \$100 given to me for my favorite charity, I chose to see what a nurse in Indonesia needed. Her request for second-hand text books has already been looked after. She also asked for a skeleton, (too costly), and a picture of Florence Nightingale — also very hard to come by. Now I have, by the kindness of our library here, found a clipping from an old *London Illustrated* of her holding her lamp while wounded are being brought into a low-vaulted room. This is now being mounted and

will be forwarded. If anyone has a skeleton available I would very much like to know!

The question of lamp-carrying is still important. Now we use a flashlight to awaken patients. No doubt the last question is facetious and hardly needs a comment. We know Miss Nightingale gave much of her life for the benefit of nursing, day and night and even from her bed.

Now to R.N. in B.C. in "Random Comments." Is it not too bad to want to discard tradition which gives us background and continuity? Tradition alone is worthless, but capping denotes advance — as do chevrons used in some hospitals. It *does* help in knowing what to expect from a nurse. Today, some nurses expect to start at the top instead of the bottom. I'm quite sure the public are aware that all are not graduate nurses.

All white uniforms probably save laundry expenses, at least that was the reason that brought them into being. It is nice now to see a return of some colored uniforms for students. With a few exceptions, such as dietitians and therapists, our caps are ours alone. However, the few very old-fashioned caps and uniforms of another age, are the ones that really stand out. So much for that kind of tradition.

Something so much more important is a return to the tradition of good bed-side nursing.

F. J. Miller, Ont.

Dear Editor:

Please extend my appreciation to Margaret J. Moncrieff for her article "Problems, Principles and Practices in the Care of Patients in Plasters" (Nov. '63). In my opinion, this is one of those rare articles about nursing care that has succeeded in demonstrating that nursing care can be administered by applying knowledge of basic scientific principles.

I would like to purchase three reprints of the article if they are available.

Sandra S. Shumway, Ohio


Dear Editor:

I found it disquieting to read a well-known nurse's remarks to the Trustee Section of the O.H.A. last Oct. This nurse described her training as "a patchwork business, packed with horrors and wounds from which I have not recovered." Since I trained around the same time, I believe, (the hungry 30's) and also assumed charge as a student nurse, I feel quite free to debate the issue.

The Physician's

antacid Gelusil

- fast, lasting relief
- no acid rebound
- nonconstipating
- contains no laxative



WARNER-CHILCOTT
Toronto, Ontario



Located on the University campus. Cultural, educational, recreational facilities. Metropolitan living in "City of Lakes".

UNIVERSITY OF MINNESOTA MEDICAL CENTER

- a friendly place to work
- challenging opportunities for nurses
- excellent patient-care facilities
- wide variety of clinical services
- nurses' residence available

STARTING SALARY: RN \$416.00 PER MONTH
LPN \$304.00 PER MONTH

FOR DETAILS WRITE:
DIRECTOR OF NURSING SERVICES
B-385-1 Mayo Bldg.
UNIVERSITY OF MINNESOTA
HOSPITALS
Minneapolis 14, Minnesota, U.S.A.

NURSE...

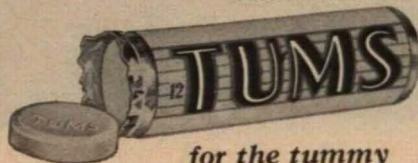


*what can I
take for
after-eating
tummy upset?*

The answer: TUMS!

These mild, minty-flavoured tablets will give fast relief from heartburn, gas and the other discomforts of acid indigestion.

Keep TUMS in mind when your patients ask this question. Remember TUMS bring fast, long lasting, safe relief . . . and they cost so little too.



for the tummy

NEW OPPORTUNITIES AT EXPANDING U.S. HOSPITAL

Conscientious, qualified nurses will find a world of opportunity at the Stamford Hospital. Responsible staff positions are being created in every service. Here, in the friendly, progressive atmosphere of "Research City", you will find many extra hospital and community benefits.

- Choice of services
- Advancement opportunities
- Educational assistance program
- Ample recreational facilities including beaches, golf, tennis
- Accessibility to New York City's theaters, concert halls, 1964-65 World's Fair
- Modern housing available
- Health benefits and retirement program
- Salary commensurate with experience and ability
- Travel allowance

Recent registration in most Provinces acceptable when applying for Connecticut registration by reciprocity.

Write for information:

MISS BEATRICE STANLEY, R.N.,
DIRECTOR OF NURSING,
THE STAMFORD HOSPITAL,
STAMFORD, CONNECTICUT.

Fatigue is the one and only descriptive word I can use. Twelve or 14 hrs. a day could not be ended otherwise. Horrors, maybe, but not to me, as a student, as much as to the patient to whom they happened: A slit throat; a suicide who lived 5 long days; missing limbs after train accident; a cancerous growth eating away the tongue and throat of an old Colonel, etc. Yes, they have their impact on a student. But you cannot turn away from this nor lessen the degree of shock to a student upon witnessing her first contacts with human tragedy if nursing is the profession she has chosen.

Let us not discard the past too hastily but, rather, let us carry forward the best of it. One of the "bests" of yesterday's nurse's training, perhaps more so in the smaller training school, was the greater sense of responsibility developed by being given more responsibility in the senior year. This was especially so in obstetrics and surgery. I was appalled, recently, in having a graduate of two years tell me she was in a panic because I had booked her on obstetrics. She had been allowed to perform one and only one, rectal exam during her entire training. Now, some nurse educators are advocating that we shorten the course to two years! As head nurse on obstetrics for 12 years and director of nursing for five years, I strongly protest. I am truly thankful that I spent almost nine months of my training on obstetrics.

Instead of removing a year from the curriculum, why don't we give the student nurse six months in the case room with delegated responsibility and divide the remaining six months between pediatrics and surgery.

A tribute to today's training schools: They have removed that overwhelming fatigue from nursing, given generous "time off," comfortable and shining surroundings to work and play in. I'm honestly glad for them. But, let us not remove the sense of responsibility that the student should feel towards the sick, injured, or disturbed patient who is with us always. How well prepared is she to assume responsibility after a panicky whisper over an "intercom," a hurried summons from a nursing aide, an urgent report from an orderly, a snappy order from a doctor?

Book learning is excellent. I am an ardent reader myself, but it can not replace the actual contact with the patient from whom we really learn about human beings. Is that not why we are in the nursing pro-

**"...glad you finally
saw a doctor and got
some medicine
for your insomnia.**

**"Are you
listening to me,
Henry?**

"Henry?"

your prescription for sleep... Carbrital® Kapseals®

Each Kapseal contains 1½ gr. pentobarbital sodium and 4 gr. carbromal

INDICATIONS: Preoperative sedation, general sedation, in minor operations, in obstetrics to produce amnesic labor, and as a sedative or hypnotic in insomnia, neurasthenia, hysteria, convulsions, delirium tremens, and psychoneuroses. **SUPPLIED:** Bottles of 25, 100, 500, and 5000. **WARNING:** May be habit-forming. Also available: Half-strength CARBRITAL Kapseals, each containing ¾ gr. pentobarbital sodium and 2 gr. carbromal. Bottles of 100 and 500. Also available in elixir form.

PARKE-DAVIS

PARKE-DAVIS & COMPANY, LTD. WORTHINGTON

CP-47744

fession? We are caught today in a web of rules and regulations. It is excellent for the ink companies and statistics, but does it save the man hemorrhaging to death in the ambulance entrance? There is both pathos and humor in nursing. It can be exhausting and it is not glamorous; but it has excitement and a tremendous satisfaction. It dispels loneliness and gives you a feeling of belonging, but, do not divorce it from tragedy or attempt to find Utopia. Remember the healthy don't need us, but the sick do. Florence Nightingale never lost sight of this for a moment.

Dorothy M. Getz, Alta.

Dear Editor:

The article "The Psychoses of Childhood" by Lisette Perron (Jan. '64) was very well written. However, I would like to clarify a statement made in the subheading for the benefit of readers, concerning "the mode of treatment which suits each psychosis."

Treatment and nursing care of those with psychiatric disturbances is based on the *behavior* which they exhibit rather than according to a *diagnosis* — which often is difficult to specifically determine. Thus, if someone displays a certain kind of behavior, an attempt is made to meet the need which this behavior indicates, regardless of the diagnosis.

I find *The Canadian Nurse* is becoming more and more interesting and educational for both students and graduates. I am looking forward to the next issue.

Loretta Norman, N.B.



SPACE SAVER

This bottle contains 400 laboratory tests. It gives you 48,000 possible answers in 100 cc. of space. **HEMA-COMBISTIX*** is a dip-and-read test for urinary blood, protein, glucose, and pH. □ Ames Company of Canada Ltd., Toronto, Ontario.

*Trademark Reg.



CA 69264 AMES

ICN Congress

Nurses from 58 countries will take part in the ICN Grand Council and the 13th Quadrennial Congress of the International Council of Nurses, June 16 to 23, 1965, to be held in Frankfurt am Main, Federal Republic of Germany, by invitation of the German Nurses Federation.

Congress Theme: Communication or conflict — roads to better understanding between nurse, patient, health team and public. Under this theme, eight sub-topics covering all fields of nursing interest will be discussed. Dr. Magda Kelber, a social economist, writer and teacher, will be Congress Consultant and Keynote Speaker.

In the Good Old Days

(The Canadian Nurse — MAY 1924)

The Congress of The International Council of Nurses is to be held July, 1925, in Helsingfors, Finland. It is hoped that 2,000 nurses from all parts of the world will attend.

According to present steamer rates, the trip from New York to Copenhagen will be \$130.00, all inclusive, with best accommodation.

* * *

HOW TO MAKE A USEFUL PROBATIONER

Their first lesson, to study and recite, should be in hospital ethics and etiquette. This should be given on their first day of residence. They should be taken to the hospital and should be given surgical dressings to make. They may be allowed to enter the wards to carry trays at meal time and to feed a few helpless patients.

On the second day, begin lessons in the principles of bacteriology. Six or eight lessons, given during the first two weeks, will be enough to teach the most important facts about this subject. Explain to them, in this first lesson, why a servant's cleaning is drudgery, while a nurse's is a scientific procedure founded on bacteriology.

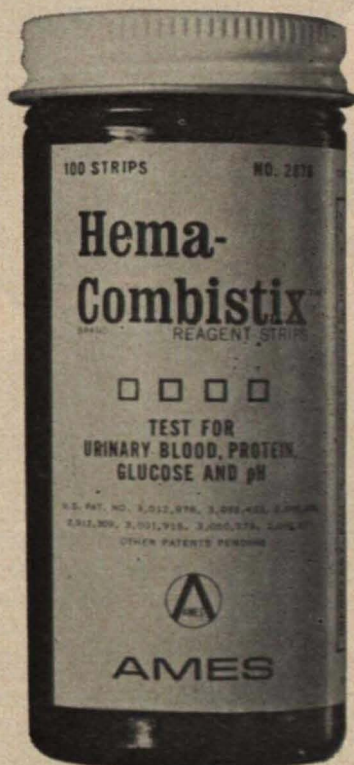
On the third day, add bed-making to their list of accomplishments. On the fourth day, demonstrate the changing of an occupied bed and allow them to practise it on patients who are not very ill. On the fifth day, show them how to fill hot water bags and ice-caps, how to give a urinal, etc. Go slowly. It makes even brilliant people a definite length of time to adjust themselves to a new environment and to grow accustomed to new work.

O.R. Nurses Meet


First Ontario Conference of
Operating Room Nurses to be
held June 29 and 30, 1964
Royal York Hotel, Toronto.

Enquiries should be directed to:

Miss Kathleen Burton, R.N., Convenor of
Committee on Publicity, 109 Jamieson
Ave., Apt. 15, Toronto 3, Ont.



MONEY SAVER

Because **HEMA-COMBISTIX*** tells the story of urinary blood, protein, glucose, and pH in one minute, it has to save time. P.S. Time is money. ☐ Ames Company of Canada Ltd., Toronto, Ontario. CA 69464 

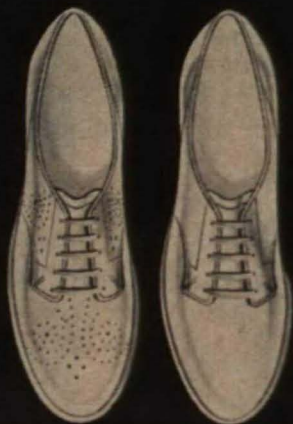
*Trademark Reg.

— say aahh...

Look into White Uniform oxfords by Savage. Better still, slip your foot into one. You'll say "aahh" (without any prompting) that's what you call comfort. And no wonder! White Uniform oxfords are made over the famous Hurlbut last and have special Krom-Flex leather soles that cushion every step. And they're treated with Sanitized® for lasting daintiness.

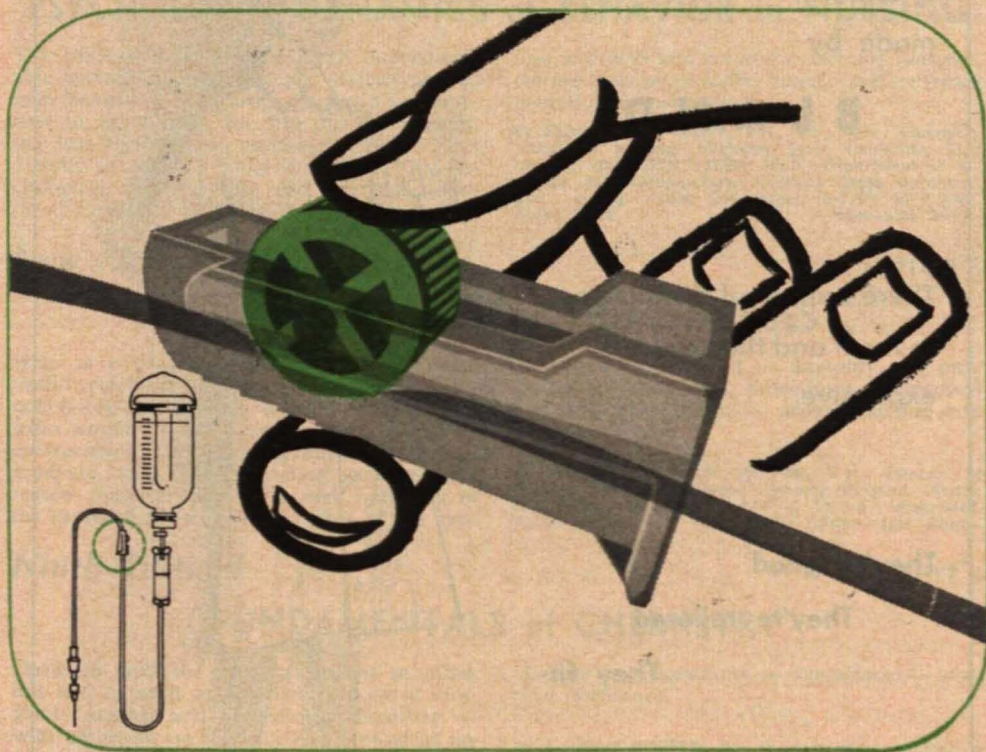
Choice of military or flat heels in a wide range of sizes and widths. All this comfort and style too. Available from your Savage dealer.

WHITE
UNIFORMS
by
savage



precision from BAXTER

the **FLO-TROL** clamp



—one of many taken-for-granted exclusives
on PLEXITRON sets

IN GIVING PARENTERAL FLUIDS, you can be confident that your FLO-TROL clamp settings will be maintained. The wheel of the clamp can be rolled on the tubing from wide-open to shut-off position . . . yet it will remain precisely fixed on the tubing at any desired point in between. And the FLO-TROL clamp permits you to stop, change bottles, and start administration again . . . without disturbing the original setting or flow rate. We hope you continue to take it for granted!

Manufacturing Ethical Pharmaceuticals in Canada Since 1938

BAXTER LABORATORIES OF CANADA LTD. ALLISTON, ONTARIO

You know you're well
dressed wearing
a uniform
made by

B L A N D

There's an air of distinction
to them and they are not
expensive.

They're good

They're tailored

They fit

Made and sold only by

**BLAND AND COMPANY
LIMITED**

**1435 St. Alexander St.
Montreal**



If you write, we will send
a catalogue

Consider
this Selection



of New
and Recent Texts

designed for the modern nursing curriculum

A New Book!

Kempf and Useem's

PSYCHOLOGY: DYNAMICS of BEHAVIOR in NURSING

This unusual book offers a clear, understandable picture of the concepts underlying human behavior. Designed as a basic introduction to psychology for the nursing student, this text relates basic psychological principles directly to actual nursing situations. Vital sociological concepts are also integrated into the discussions. You'll find material on: *feel-*

ings, attitudes and emotions, learning patterns, culture and personality, family and environmental influences, etc.

By FLORENCE C. KEMPF, R.N., B.S., A.M., Chairman, School of Nursing, Michigan State University, East Lansing; and RUTH USEEM, Ph.D., Department of Sociology and Anthropology, Michigan State University, East Lansing. About 208 pages, 6-1/8" x 9-1/4". About \$4.35. *New—Just Ready!*

New (2nd) Edition!

Sutton's

WORKBOOK for PRACTICAL NURSES

Here is a practical workbook packed with useful questions and problems covering every commonly-encountered nursing situation — from *simple housekeeping to nursing care in emergencies*. The practical nurse, student or graduate, will find up-to-date exercises and review material on: duties and functions of the practical nurse — basic needs of the aged

— emergency nursing — anatomy and physiology — diagnostic procedures — medical and surgical treatment — general nursing care — drug therapy.

By AUDREY LATSHAW SUTTON, R.N., Director of Nursing Service, Edgewood General Hospital, Berlin, N.J. About 400 pages, 7-1/4" x 11-1/4", illustrated. About \$4.35. *New (2nd) Edition—Just Ready!*

Ninth Edition!

Bogert's

FUNDAMENTALS of CHEMISTRY

Designed with the nursing student in mind, this text presents an excellent survey of inorganic, organic and physiologic chemistry — with emphasis on medical and biological applications. Scores of new discussions in this revised edition describe: *atoms and atomic weights — chemotherapy and modern drugs — bleaching and disinfecting — chemical*

changes and equations — covalence — cortical hormones.

By L. JEAN BOGERT, Ph. D., formerly Instructor in Medicine, University of Chicago; Instructor in Experimental Medicine, Yale Medical School, and Lecturer in Chemistry, Connecticut Training School for Nurses, New Haven. 626 pages, 6" x 9-1/4", with 205 illustrations. \$8.40. *Ninth Edition—Published June, 1963*

Sixth Edition!

Bogert's

LABORATORY MANUAL of CHEMISTRY

In this practical laboratory manual, Dr. Bogert provides simple experiments to clearly illustrate the subject matter in her text (above), or to correlate with other textbooks of general chemistry. These experiments utilize common, inexpensive materials and apparatus, as well as time-saving manipulations.

Following each experiment you'll find questions designed to bring out main points in observation. Timely experiments are included on: nitrogen, ammonia, air, ionization, sterols, solutions, etc.

By L. JEAN BOGERT, Ph.D. 296 pages, 5-3/4" x 8", illustrated. \$2.75. *Sixth Edition!*

Gladly sent to teachers on approval

W. B. SAUNDERS COMPANY

Canadian Representative:

McAinsh & Co. Ltd., 1835 Yonge St., Toronto 7

**West Washington Square
Philadelphia 5**



Help Prevent "LIGHTS OUT" RESTLESSNESS

with medicated
dermassage^{*}
skin refreshant and body rub

On every ward, when you turn out the lights, some one wakes up . . . and wakefulness thrives on minor irritations. Skin discomfort, particularly, can disturb your patients during the nighttime hours. But as nurses in thousands of hospitals know, a body rub with Dermassage may add that one welcome touch of relaxation which tips the balance in favor of rest and sleep.

Dermassage comforts, cools and soothes tender, sheet-burned skin. It relieves dryness, cracking and itching and helps prevent painful bed sores.

You will like Dermassage for other reasons, too. A body rub with it saves your time and energy. Massage is gentle, smooth and fast. You needn't follow-up with talcum and there is no greasiness to clean away. It won't stain or soil linens or bed-clothes. You can easily make friends with Dermassage—send for a sample!

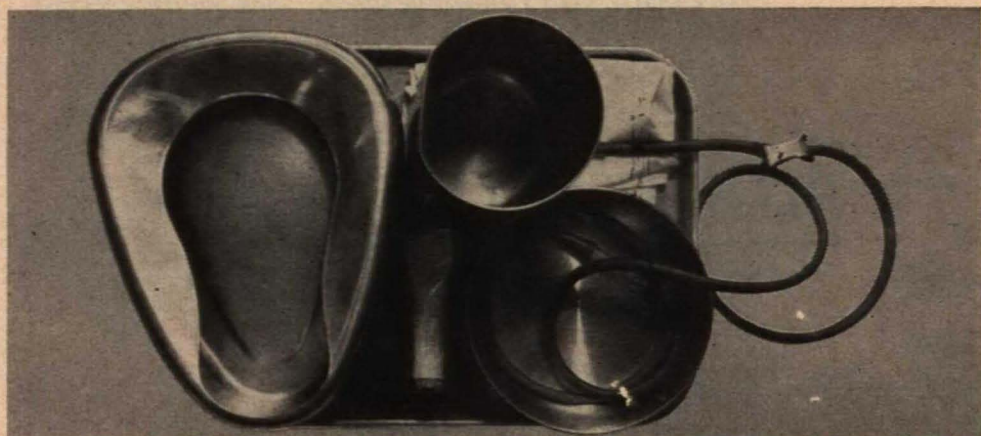
"SEE IF YOUR HANDS DON'T TELL YOU THE DIFFERENCE"

Now distributed in Canada by LAKESIDE LABORATORIES (CANADA) LTD.
1875 Leslie Street, Don Mills, Ontario

^{*}trademark

DULCOLAX®

the laxative to replace enemas



The ability of Dulcolax to replace the traditional enema, not only in simple constipation but also in preparation for surgery and diagnostic procedures, has been well documented in the professional literature.

Dulcolax saves valuable time

The time required for Dulcolax administration is minimal compared to the enema administration and preparation and cleaning of enema equipment.

Dulcolax eliminates a distasteful task

Dulcolax tablets or suppositories are equal and often superior in cleansing action to enemas. With Dulcolax all but bedridden patients are able to use the toilet rather than bedpan and cleansing of soiled clothing, bed linen or dressings is rarely necessary.

Dulcolax spares your patients discomfort

Your patients will be extremely grateful to be spared the discomfort, embarrassment and inconvenience of an enema. Dulcolax results generally in one or two evacuations of soft, formed stool without violent purgation or exhausting straining.

Dulcolax tablets (enteric coated) 5 mg.
Dulcolax suppositories 10 mg.
Dulcolax suppositories for children 5 mg.



Boehringer Ingelheim Products
Division of Geigy (Canada) Limited, Montreal

B5066-64

OPPORTUNITIES
for

REGISTERED NURSES

in
THE CANADIAN FORCES
MEDICAL SERVICE

Applications are now being accepted from Registered Nurses for enrolment as officers in the Royal Canadian Navy, the Canadian Army or the Royal Canadian Air Force for duty in the Canadian Forces Medical Service.

Interesting and challenging careers with opportunity for advancement are offered to those who meet the requirements.

YOU MAY QUALIFY IF YOU ARE

A registered nurse and a current member of a Provincial Registered Nurses' Association.

A woman under 35 years of age, single.

A Canadian citizen, or other British subject with the status of "landed immigrant."

For further information—

Visit, write or call your nearest Canadian Armed Forces Recruiting Centre

or write to: **THE SURGEON GENERAL
DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, Ontario**



*look
with
confidence
to
these
new*

*Mosby texts to see how effectively
they meet your current course requirements*

New 3rd Edition!

Ready Next Month!

Shafer-Sawyer-McCluskey-Beck

MEDICAL-SURGICAL NURSING

Here is the up-to-the-minute new edition of the only medical-surgical nursing text that has been tried, tested and perfected in classroom use, with revisions and changes based on suggestions of instructors who used previous editions. You will find it a comprehensive, yet compact presentation, avoiding duplication of material. Thoroughly revised and improved to

reflect rapidly changing theories and procedures, this revision has been redesigned and printed in two colors throughout. It has been altered substantially to meet all of your current course requirements. Of the nearly 200 illustrations, 50 of them are new to this edition, many of them clinical photographs of actual nursing procedures.

By KATHLEEN NEWTON SHAFER, formerly Associate Professor in Out-Patient Nursing, The Cornell University-New York Hospital School of Nursing; JANET R. SAWYER, R.N., A.M., Instructor, School of Education, Department of Nurse Education, New York University; AUDREY M. MCCLUSKEY, R.N., M.A., Sc.M. Hyg., Supervisor, Hamden Public Health and Visiting Nurse Association, Inc., Hamden, Conn.; and EDNA LIFGREN BECK, R.N., M.A., Associate Director of Nursing Education, Muhlenberg Hospital School of Nursing, Plainfield, N.J. Ready in May. 3rd edition, approx. 975 pages, 6½"x 9¾", 192 figures. About \$8.75.

A New Book!

Matheney-Nolan-Ehrhart-Griffin-Griffin

FUNDAMENTALS OF PATIENT-CENTERED NURSING

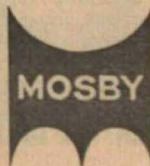
In keeping with the modern trend in nursing, this new textbook provides your beginning students with the basic concepts on which to build a patient-oriented knowledge of all major clinical areas of nursing. Written by 5 instructors teaching in associate group programs,

this presentation stresses the interrelationship of systems, the physical-emotional-cultural relationship within the individual and the unity of man. This is the only text available in this subject area to effectively correlate biological, physical and social sciences.

By RUTH V. MATHENEY, R.N., Ed.D., Professor and Chairman, Department of Nursing, Nassau Community College, New York, N.Y.; BRENDA T. NOLAN, R.N., M.A., Assistant Professor, Department of Nursing, Nassau Community College; ALICE M. EHRHART, R.N., M.A., Assistant Professor, Department of Nursing, Bronx Community College, New York, N.Y.; GERALD J. GRIFFIN R.N., M.A., Associate Professor and Head, Department of Nursing, Bronx Community College; JOANNE KING GRIFFIN, R.N., M.A., Lecturer in Nursing Science, Department of Nursing Science, Department of Nursing, Bronx Community College. Published March, 1964. 345 pages, 6½"x 9½", 46 illustrations. Price, \$5.50.

THE C. V. MOSBY COMPANY

3207 Washington Boulevard



Publishers

St. Louis, Mo. 63103

McAINSH and Co., Ltd. - 1835 Yonge Street - Toronto, Ontario



Just Published!

New 4th Edition

Francis

INTRODUCTION TO HUMAN ANATOMY

With a new page size, new format, new illustrations and a new 13-plate, full-color Trans-Vision® Insert of the Human Anatomy illustrated by Ernest W. Beck, the new 4th edition of this popular text promises to be more stimulating and interesting than ever. Concise but complete descriptions of tissues, organs and systems, augmented by carefully executed illustrations, lead your students from an under-

standing of simple structures to the identification and location of more detailed and intricate parts of the human body. The author has used the English equivalent of the Paris revision of the anatomic nomenclature throughout, and has rewritten a number of sections to increase the emphasis on function, and to make the material more easily understood.

By CARL C FRANCIS, A.B., M.D., Associate Professor of Anatomy, Department of Anatomy, Western Reserve University, Cleveland, Ohio. Published January, 1964. 4th edition, 478 pages, 6 1/4" x 9 1/2", with 325 text illustrations and 25 color plates, and a Trans-Vision® Insert of Human Anatomy illustrated by Ernest W. Beck. Price, \$6.75.

Ready in May!

New 8th Edition

Smith

MICROBIOLOGY AND PATHOLOGY

Through 7 editions, this outstanding textbook has been one of the leading texts in its field. It stresses the relationship of microbiology to nursing, medicine, dentistry, everyday living, food and water supply, sanitation, the processes of nature, manufacturing and commerce. The new 8th edition incorporates new information on virology, immunology, allergy and sepsis. Microbiology and pathology are

treated as distinct entities, so you can effectively use this text whether you teach a combined course or a separate course in "Microbiology". Each part provides your student with an initial over-all survey, followed by an analysis of the details of the subject at closer range. Classification has been revised according to the latest edition of *Bergey's Manual of Determinative Bacteriology*.

By ALICE LORRAINE SMITH, A.B., M.D., F.C.A.P., F.A.C.P., Associate Professor of Pathology, The University of Texas Southwestern Medical School, Dallas, Texas. Ready in May. 8th edition, approx. 625 pages, 7" x 10", with 325 illustrations. About \$7.95.

Just Published!

New 5th Edition

Benz

PEDIATRIC NURSING

Examine the new edition of this well-known text and you will find it presents the most comprehensive information available on child care. Compare it with the text you are now using for completeness, content, scholarly approach and effective illustrations. You will find it unquestionably the most thorough text

available on the subject. Although easy to use, **PEDIATRIC NURSING** is written from the scholarly approach to give your students an understanding in depth of pediatrics, not just a surface knowledge of the subject. The material is flexible throughout so that you may recombine it to suit your needs.

By GLADYS S. BENZ, R.N., M.A., Associate Professor, Pediatric Nursing, State University of Iowa College of Nursing, Iowa City, Iowa. Published February, 1964. 5th edition, 547 pages, 6 1/2" x 9 1/2", with 124 figures. Price, \$7.50.

*look with confidence
to these new Mosby texts
for the most effective presentations*

Ready in July!

A New Book

Havener-Saunders-Bergersen

NURSING CARE IN EYE, EAR, NOSE AND THROAT DISORDERS

This well-illustrated new book represents the combined efforts of an eminent ophthalmologist, a distinguished otorhinolaryngologist, and a medical-surgical nurse. Clinically oriented, it correlates the nurse's responsibilities with pertinent descriptions of diagnosis, treatment and care. You will find discussions of such im-

portant areas as: conducting visual screening tests by means of the Snellen chart; preoperative and postoperative care of eye, ear, nose and throat patients; medical and surgical management of eye defects. A chapter written by a competent audiologist on "Hearing Impairment" adds to the book's value.

By WILLIAM H. HAVENER, B.A., M.D., M.S. (Ophth.), Professor, Department of Ophthalmology, The Ohio State University, Columbus, Ohio; WILLIAM H. SAUNDERS, M.D., Professor and Chairman of the Department of Otolaryngology, The Ohio State University College of Medicine, Columbus, Ohio; and BETTY S. BERGERSEN, R.N., B.S., M.S., Instructor, Department of Nursing Education, Teachers College, Columbia University, New York, N.Y. Ready in July, 1964. Approx. 425 pages, 6½"x 9½", with 227 figures.

Ready This Month!

A New Book!

Brooks

LABORATORY MANUAL AND WORKBOOK FOR INTEGRATED BASIC SCIENCE

Now, for the first time, a comprehensive laboratory manual presents the essence of chemistry, microbiology and human biology as an integrated and interrelated body of knowledge. Here your students can find all laboratory experiments for physics, chemistry, microbiology and human biology in one adequate laboratory manual, making it easier to assimilate

principles and relate the various sciences to one another. You will find more than 80 short, simple and highly instructive exercises (including several dealing with drug action) which can also be used as class demonstrations. The more than 150 illustrations range from osmosis through electrophoresis, and include cross sections of artery, vein and capillary.

By STEWART M. BROOKS, M.S., Instructor in Science, Lasell Junior College, Auburndale, Massachusetts (affiliated with Peter Bent Brigham Hospital, Boston) Ready later this month. 331 pages, 7¼"x 10½", 198 illustrations. About \$4.95.

Ready in June!

New 7th Edition

Anderson

WORKBOOK OF SOLUTIONS AND DOSAGE OF DRUGS (Including Arithmetic)

Here is a new edition of the workbook instructors have called the most "teachable" in this area. Through 6 editions, this simplified, logical presentation has made this workbook the most widely used one for courses in "Solutions and Dosage" and "Arithmetic and/or Mathematics for Nurses". Concisely written to facilitate understanding and retention of basic principles, the book is divided into 4 parts: I, a review of fundamental arithmetic as it applies to the mathematics of drugs and

solutions; II and III, principles and problems in computation and preparation of solutions and dosages of drugs; IV, drug definitions, origin, and application, plus laboratory exercises in their usage. You will find many helpful new review and drill exercises in this revision. The Answer Guide provided instructors includes a survey test to aid you in evaluating student achievement at the beginning of the course.

By ELLEN M. ANDERSON, R.N., B.S., M.A., Director, School of Nursing, Columbia Hospital, Milwaukee, Wisconsin. Ready in June, 1964. 7th edition, 176 pages, 7¼"x 10½".

THE C. V. MOSBY COMPANY

3207 Washington Boulevard



Publishers

St. Louis, Mo. 63103

McAINSH and Co. Ltd. - 1835 Yonge Street - Toronto, Ontario



Start in a small way if you like, but start

There's a big future in those nickels and dimes you find in your pocket every night. That's right! You can make that change *multiply* into thousands of dollars with an Investors Saving Certificate. How do you get one? Simple. Just tell the man from Investors how much money you'd like to

have in ten, fifteen or twenty years. He'll show just how little it takes to save that sum through Investors. That's all there is to it! And boy, will you feel great knowing you have one of the best guaranteed savings plans working for you! Start now —plug that small change leak.



**Investors
syndicate**

OF CANADA, LIMITED
280 BROADWAY, WINNIPEG 1

Without obligation please send me additional information.

Name.....

Address.....

City/Town..... Prov.....

CN 2

NEW SAFETY IN PROLONGED IV THERAPY



I INDIVIDUAL
P PATIENT
S SAFETY

Sterilon **BUFFALO NEEDLE** *Indwelling Intravenous Plastic Polypropylene Cannula*

STERILE—Ready to Use . . . Disposable

■ Polypropylene construction decreases occurrence of Phlebitis and eliminates irritation.

■ One piece cannula construction prevents tube disengaging or being severed from hub while in the vein.*

■ Can be disassembled and reassembled in case of a venous obstruction.

■ Eliminates need for repeated venipuncture during prolonged IV therapy and caudal anesthesia. Cannula cannot be dislodged.

*Archives of Surgery 86:177 (Feb. 1963) "Accidental Loss of a Plastic Tube into Venous System," R. W. Taylor, M.D. & C. A. Rutherford, M.D.

SIZES:

BN-2620

26 ga. Needle 20 ga. cannula x 1" long

BN-1915

19 ga. Needle 15 ga. cannula x 1½" long

BN-1713

17 ga. Needle 13 ga. cannula x 2½" long

Stylets available for appropriate cannula sizes: BNS-26, BNS-19, BNS-17.

Syringe adapter (rubber capped) fits all cannula sizes: BNA-10.

Indwelling Catheter (extra long) for appropriate needle sizes: BNC-26, BNC-19, BNC-17.

Individually packaged and color coded for easy identification of size.



Venipuncture is achieved using entire Buffalo Needle assembly. After insertion, needle is disengaged from cannula. Tabs provide easy gripping.



Cannula is left indwelling for intravenous fluid administrations via IV set or syringe adapter shown.



Cannula can be closed between administrations by use of stylet.

Sterilon **OF CANADA LTD.**

1700 LEWIS ROAD • NIAGARA FALLS, ONT.

STERILON CORPORATION
Buffalo, New York

STERILON LABORATORIES
Fayette, Alabama



...and you
have a
HEADACHE

"217"

TABLETS

the wonder
combination
for
**RELIEF
IN HALF
THE TIME**

Acetylsalicylic acid $3\frac{1}{2}$ gr.

Phenacetin $2\frac{1}{2}$ gr.

Caffeine Citrate $\frac{1}{2}$ gr.

Available in Handy Tubes of 12

Economy Sizes of 40 and 100



Charles E. Frosst & Co.
MONTREAL, CANADA



Report Available

Blueprint for Progress in Hospital Nursing, a report of the first history-making series of national conferences, sponsored by the National League for Nursing's Dept. of Hospital Nursing and the Regional Council of State Leagues for Nursing, is now available at \$3.75 a copy.

Eighteen outstanding speakers discuss how organized nursing services and care of patients can be improved in the face of social forces now at work, rapid technological advances, and new scientific discoveries. Organizational barriers that impede progress in providing better care are identified through group discussion. Also included are many practical suggestions for counteracting those barriers and for promoting and implementing progressive planning for the future.

To order this publication, write to: Department of Hospital Nursing, National League for Nursing, 10 Columbus Circle, New York 19, N.Y.

Medical Film Listings

The following are descriptions of films in the Heredity Series, produced by Indiana University. Films are 30 minutes in length, black and white, and the service charge is \$5.00 each.

It Runs in the Family

This initial film in the series discusses the general aspects of heredity. Chances of inheriting mental illness or transmitting congenital defects are discussed along with the chemistry of the hereditary nucleo-protein material.

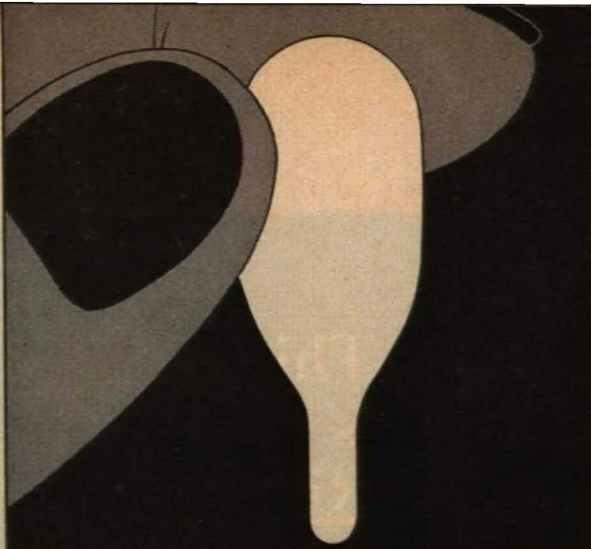
Reproduction and Heredity

A discussion of common aspects of reproduction and heredity dealing with principles of biogenesis, then mitosis.

Sexuality and Variations

Discusses why sexual method of reproduction is so widely spread in nature: outlines typical life history of an organism; considers parthenogenesis, characteristics of ovum and sperm; compares mitosis and meiosis.

These films may be rented from: Canadian Film Institute, 1762 Carling Ave., Ottawa 13, Ont.



NARISEPT

"DISPOSETTES"

SINGLE DOSE GENERAL PURPOSE ANTIBACTERIAL OINTMENT

A major break-through in the physician's effort to maintain sterile conditions and prevent undesirable sequelae in topical lesions has been made in the development of the new NARISEPT antibacterial ointment in handy "Disposettes" that eliminate the danger of re-infection from contaminated multiple dose containers.

Each "Disposette" (single-dose container) provides 900 mg. of ointment as—

Neomycin 3.5 mg.*
Bacitracin U.S.P. 500 units
Anhydrous Petrolatum ointment base . . . q.s.
(*equivalent to Neomycin Sulfate U.S.P. 5 mg.)

DIRECTIONS: Cut off soft, narrow spout-like tip and squeeze "Disposette" to direct ointment to affected area.

INDICATIONS: Use as a general purpose antibacterial ointment to prevent or treat infection such as may be encountered in abrasions, cuts, or minor burns or for nipple disinfection during breast feeding period. Also indicated for application on and around carbuncles and pimples.

HOSPITAL APPLICATIONS: Intranasally used as antiseptic, both in existing infection in the nose or in the destruction of organisms, as in asymptomatic nasal carriers.

PRESENTATION: 10 "Disposettes" in a unique sleeve type blister pack for one-at-a-time use.



INTRAMEDICAL PRODUCTS

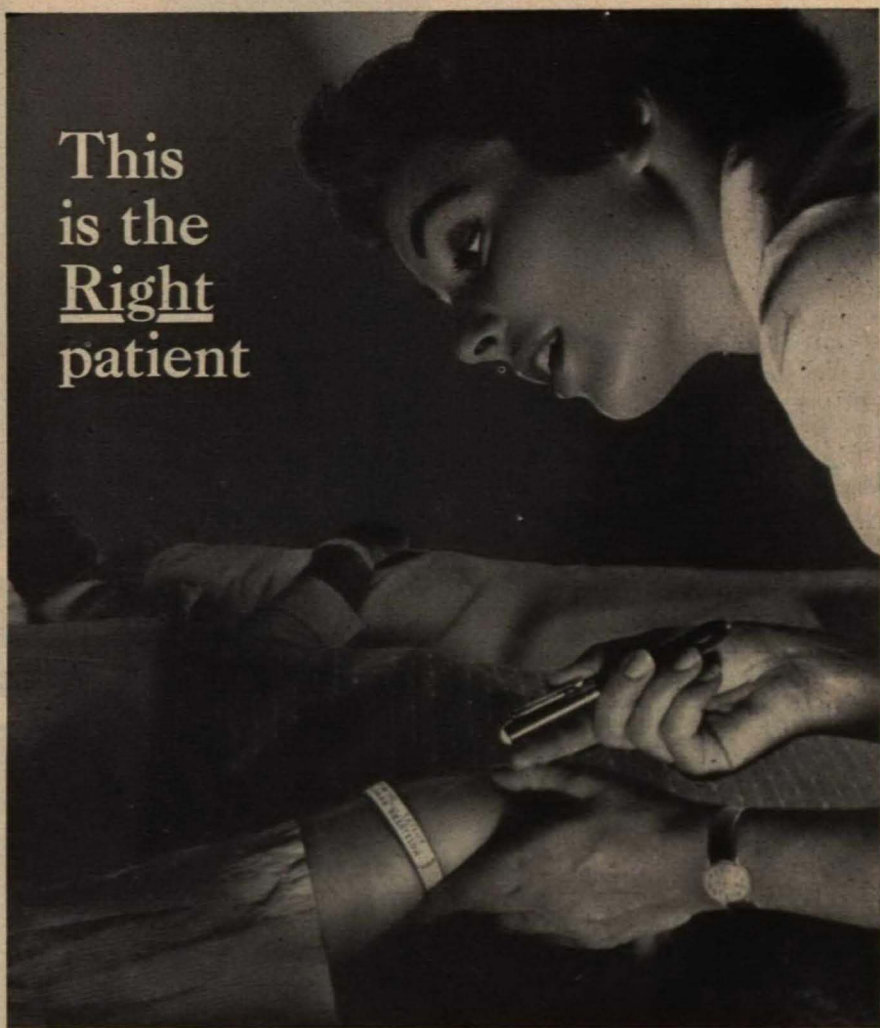
DIVISION OF PENICK CANADA LTD.

ETHICAL PHARMACEUTICALS

TORONTO

ONTARIO

This
is the
Right
patient



Positive Identification Never Sleeps

Young or old, asleep or awake, all your patients have full-time protection with Ident-A-Band. Soft, comfortable, always right, Ident-A-Band lets your patients rest—while it stays on the job.

Ident-A-Band®

160 Bay St., Toronto 1



made only by

HOLLISTER®
LIMITED

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED IN ENGLISH AND FRENCH
BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 60

MONTREAL, MAY 1964

NUMBER 5

A Health Assessment

"Health is a State of Complete Physical, Mental and Social Well-being."

These words from the World Health Organization definition of health can apply to a professional organization as well as to an individual. What is the state of health of the Canadian Nurses' Association? This question does not imply a suspicion that it is sick — for it is not — but we have gone far beyond considering "the absence of disease or infirmity" as implying health. We look now, in individuals and institutions, for abundant well-being. On the eve of a new biennium, let us look at the health of our profession.

We, as nurses, advise a yearly health assessment for individuals. Perhaps a biennial examination for the CNA is more in keeping with our method of operation. Is the Canadian Nurses' Association in the best possible state of health to play its part in the promotion of the welfare of the Canadian people during the next two years? As with an individual, if we look carefully we will be able to find

aspects of functioning that can be improved. Is our professional body functioning well physically? During the past two years, it has been evaluated



(Gaby, Montreal)

ISOBEL MACLEOD

by ourselves with the help of experts in management consultation. The organization within which our employed staff is required to function has been studied, as well as some of the aspects of committee structure and the relationship of such structure to the work of the office staff. Remedial changes are planned. Some will give greater scope to our employees to carry out policies by aligning necessary authority with responsibility for creative action. Our physical environment will be improved by the building of CNA House in Ottawa. The architects have drawn up plans for a beautiful and functional building for the use of staff and membership. We anticipate that it will be completed well before the end of the next biennium.

What of our mental and social health? The way in which we meet one another's needs will have an effect on our total health as a profession. The promotion of mutual trust and respect among our members in the various positions and fields of nursing is essential if we are to have the strength as a profession to meet the needs of our society. Such harmony within is enhanced as we work together to promote the economic and social welfare of our members. Consideration of this aspect of welfare is particularly meaningful today among workers in all professions. The provincial and national committees concerned with this part of work satisfaction will have a heavy responsibility. They will function successfully only with the thoughtful support of the membership.

The health of a profession, as of an

individual, requires that it be a contributing part of its society. Canadian society needs the contribution of the nursing profession as it plans and carries out health programs in the future. Are we ready to make this contribution? It is essential that the CNA foresee and understand changes in the broad field of welfare service in our country. If we are to take our place, there is no time for confusion. We must be clear ourselves as to what the role of nursing will be. We must assume responsibility for ensuring that it is clearly communicated to other professional and lay groups with whom we will be called upon to work. We cannot always wait until we are asked what nursing can do. It is a function of a profession to initiate such communication. The Canadian Nurses' Association is aware of this responsibility and has taken action. It promises to be an increasingly significant professional function during the years of change ahead.

Essentially, the Canadian Nurses' Association seems to be healthy and vigorous but health is never static. The profession's continued well-being will depend on its ability to be timely in meeting the needs of its members while adapting constantly to the needs of society. It will be required, in the future, to make prompt and appropriate adaptations within to facilitate equally prompt and appropriate adaptations without.

A. ISOBEL MACLEOD, M.A.
1st Vice-President,
Canadian Nurses' Association.

HUMAN RELATIONS INSTITUTE

The 16th Annual Institute on Human Relations will be held June 15-25, 1964, at Fort Qu'Appelle, Saskatchewan. The purpose is to examine the interaction of forces within groups and to study their influence upon: group structure and development; communication; leadership; personal growth.

Financial assistance in the form of grants equivalent to tuition is available to a limited number of delegates. Requests for tuition grants received prior to May 31 will receive first consideration. Address enquiries to: Human Relations Council, Saskatchewan House, Dewdney Avenue West, Regina.

GYNECOLOGY AND OBSTETRICS

A Nursing Challenge

J. EDWIN COFFEY, M.D., F.R.C.S.(C.)

Gynecology and obstetrics is on the move. No other discipline has undergone such self-reappraisal, reorganization and rededication to excellence in the areas of research, teaching and clinical practice. That these changes were overdue is readily admitted.

This specialty has been outpaced by a resurgence in other fields during and following World War II. Instrumentation available since that time has provided our investigators with the means to measure, record and evaluate human data hitherto uncharted. This includes work on amniotic fluid and intervillous space pressures, uterine blood flows, myometrial physiology and biochemistry, physiology of labor, transfer and metabolic studies of the placenta, and exfoliative cytology of the reproductive tract. The impetus in laboratory and clinical research has supplied the balance necessary for a healthy discipline which, until recently, has been weighted in the direction of pure clinical and pathologic work.

Present day gynecology and obstetrics is taught with greater correlation to the basic sciences than was possible even a decade ago. This attitude permeates the teaching curriculum of the medical student, intern, resident and postgraduate student. How has the emphasis on basic research affected the third member of the triad, i.e. clinical practice? Some of the older men complain that we are now turning out laboratory gynecologists without operative ability nor knowledge of pathology. This, of course, is an extreme view but nevertheless founded on some fact. Any revival is bound to

swing too far and therefore we must be careful to maintain proper balance in training programs so that clinical excellence is complemented by rather than subverted to the laboratory.

Political reorganization has also taken place within the specialty in recent years. One must recall that from midwifery developed the art of obstetrics and from general surgery the art of gynecology. One is predominantly medical, the other surgical in nature. Gynecologic endocrinology and female urology are intimately involved and in many centres are an integral part of the service. You can easily see the pressures which must come from sister specialties as they in turn feel encroached upon. Because the human organism is not divided along the lines of man-made specialties we encounter border areas where overlap is bound to occur and for the sake of consistent patient care must be tolerated. Historically, obstetrics was practised separately from gynecology but over the years the two have been combined and now, with few exceptions, form one discipline devoted to the study and treatment of diseases peculiar to women. Now that this marriage has been successful it would seem wise to follow accepted matrimonial standards and take on a single family name. "Gynecology" or "Gyniatrics" would best seem to suit the purpose. This struggle for identity culminated in the founding of exclusive Colleges such as the Royal College of Obstetricians and Gynaecologists in

Dr. Coffey, Hosmer Fellow, McGill University, practises in the Department of Gynecology and Obstetrics at the Montreal General Hospital.

Britain and the American College of Obstetricians and Gynecologists in the U.S.A. In Canada, the specialty is a division within the Royal College of Physicians and Surgeons. It is not unlikely that in time this Division will form the nucleus for a Canadian College of Obstetrics and Gynecology. Because of this growing maturity the discipline no longer assumes the role of a medical or surgical subspecialty and thus assumes full responsibility for the training of appropriate medical personnel.

Not only in political structure have changes occurred but also in the academic structure. Traditional obstetrics had emphasized the mechanics of labor and delivery with the obstetrician highly skilled in manual and forceps manoeuvres designed to accomplish delivery at any cost. No longer is simply a "live" baby the principal aim but also one having full mental and physical capabilities, undamaged by difficult mechanical manipulations at birth. Cesarean section has generally replaced the very difficult forceps delivery. Similarly, the traditional gynecologist was a general surgeon who restricted his surgery to the female reproductive tract and his laboratory interests to gross and microscopic study of the involved tissue. Many of the great names in gynecology were such people. The founder of abdominal surgery, Ephraim McDowell, attained this honor in 1809 by performing a gynecologic procedure — removal of a large ovarian cyst. John Marion Sims, the "Father of American Gynecology," was famous for his vesicovaginal fistulae repairs. Howard Kelly, a familiar name to the instrument nurse, pioneered the use of radium in gynecologic cancer and made a significant contribution to gynecologic urology. Cullen, a former Canadian and student of Kelly's, was a great teacher and pathologist. Emil Novak, a self-made man, left his mark as a master gynecologic pathologist and teacher. The philosophy of the last three men is still felt at the Johns Hopkins Hospital where they once worked.

Canadians may take pride in the fact that their ancestors were among the first to recognize gynecology as a specialty. The first gynecologic depart-

ment in Canada and among the earliest in America was formed in 1883 at the Montreal General Hospital as part of the McGill Medical School. This preceded the Sloane Maternity Hospital by four years and Johns Hopkins by six years.

To this historical beginning has been added a broad base of research activity that has resulted in a new approach — one with emphasis on physiology and biochemistry of reproduction. In obstetrics, maternal, placental and fetal physiology have become popular areas of study. Much of this is done on human subjects as a result of advanced instrumentation. It is not unusual to see a woman in labor with tiny electrodes recording fetal heart beats and plastic catheters recording intra-amniotic fluid pressures while infusion of oxytocin is given by constant infusion pump. Abnormal types of labor are thus detected early and treated under finer control than gross clinical evaluation permits. Placental physiology, assisted by newer tissue culture techniques, is being studied from all angles, i.e. placental transfer of nutrients, oxygen, and drugs to and from the fetus; the endocrine and metabolic activity of the placenta. Amniotic fluid obtained by amniocentesis is being studied in isoimmunized Rh negative mothers in an effort to predict the affected fetus and thus achieve early delivery thereby avoiding severe erythroblastosis. A massive research program is now underway in the United States gathering precise data on all aspects of the reproductive process from conception through delivery and childhood. Much of the data is being gathered by obstetrical nurses. It is hoped that analysis of this material will point to the areas in fetal or newborn development where brain damage occurs resulting in cerebral palsy or mental retardation.

In the gynecologic field major advances have been made as well. Cytologic screening for cancer is readily applied to cervix and endometrium and has been shown to reduce the relative numbers of invasive cervical cancer. Here is an area where public education should spread the word that every woman, certainly after age 30, should annually avail herself of a Papanicolaou

Smear. In the treatment of gynecologic cancer there is much work being done with chemotherapy, especially for choriocarcinoma and ovarian tumors. Radium therapy is still the mainstay for cervical cancer but improved operative techniques, blood transfusion and antibiotics have made radical pelvic surgery, with or without urinary and intestinal diversion, a common approach in some centres. This is one reason why gynecologic surgery must be taught in its widest and historical sense to enable its graduates to investigate and treat those complications in the pelvis arising from gynecologic disease. This demands a knowledge of cystoscopy, female urologic surgery, sigmoidoscopy and bowel surgery.

Endocrine aspects of gynecology, including metabolic pathways and clinical effects of ovarian steroids, are currently under much study. The Stein Leventhal Syndrome with polycystic ovaries is still unexplained as to etiology but may well be an enzyme deficiency similar in some respects to the adreno-genital syndrome. Since menstrual disorders may be related to any disturbance in the hypothalamic-pituitary-ovarian axis the modern gynecologist must look far afield to explain many of these complaints. The higher centres which control ovulation contain many secrets waiting to be discovered. Infertility study has become so specialized that exclusive clinics operate for that purpose alone. Evaluation of the patient should be done in an organized manner to save time and money. Tubal occlusion, which is the most common cause of infertility, is often treated by tuboplastic procedures giving a 10-20 per cent pregnancy rate.

Ovulation suppression is currently a popular therapeutic procedure made simple by the new and powerful progestational drugs. These have been useful in the treatment of endometriosis, dysfunctional bleeding and primary dysmenorrhea. Their widest application to date has been in conception control but it is still too early to fully assess the long-term effects, if any, on the ovary or fetus. Congenital anomalies of the reproductive tract have come in for further study in connection with female hermaphroditism

of adrenal and drug-induced variety. The new progestational drugs were first used in treating threatened abortions resulting in an epidemic of newborns with ambiguous external genitalia. These were due to the androgenic drug effect on the female fetus in utero. The modern gynecologist must know how to differentiate these intersex problems and do the proper reparative surgery.

The Thalidomide tragedy has alerted all who care for pregnant women to the potential dangers of drugs. Similarly, irradiation of females should be regulated carefully and ideally should be given only on the first 10 days following the menses. The importance of noting the L.M.P. on x-ray requisitions is obvious yet seldom done.

—Where does the professional nurse fit into this pattern of changing concepts and new dimensions? If the traditional nurse-doctor team is to continue she too must become a specialist of sorts. In the teaching centres where research should be high in priority she must be well trained in the basic sciences and clinical research techniques used in obstetrics and gynecology. She should have a desire for accurate observation and a fascination for the unusual. Every pregnant woman whether in the antepartum clinic, the labor and delivery suite, or postpartum recovery room should be a study unto herself. With this attitude there is no such thing as the "routine" patient. The latter becomes an individual with individual problems and individual solutions. With few exceptions in medicine the "best routine" is "no routine." These become necessary when either member of the nurse-doctor team becomes lax in his observation of the patient and "for the sake of a few, subjects the many."

The delivery room nurse, whether in the large centre or cottage hospital, is often the object of dispute by the expectant father desirous of holding his wife's hand in labor and observing the drama in the delivery room. This attitude has been promoted in the lay and certain medical press over the past decade to such an extent that we are led to believe that being born is "as simple as falling off a log." It is just that and so are the consequences

should the newly born be narcotized previously by heavy analgesia or general anesthesia, hypoxic from prolonged cord compression or obstructed airway or too premature to swim on its own. What sort of rescue team is available? Woefully inadequate in most cases! This very situation has led Professor Allan Barnes of Johns Hopkins to make the following comparison.

MB { The removal of a brain tumor calls for a surgeon with two assistants, a scrub nurse and two circulating nurses, an anesthetist and assistant. The patient's prognosis is about eighteen months and the hospital investment is tremendous. The birth of a newborn at 4:00 a.m. often is attended by one physician, no scrub nurse, one circulating nurse and inadequate or haphazard anesthesia coverage. The combined prognosis of the two patients is over a hundred years, but the hospital investment is minimal . . . We do not deny that birth is a sentimental episode when all goes well; we cannot forget, however, that no other birthday is surrounded by the mortality which surrounds the day of birth.

This is food for thought. There should be no further doubt as to the necessity of highly trained obstetrical nurses.

Another object of concern is the expected surge in birth rate once the postwar "babies" start reproducing. Trained obstetricians have not kept pace with the rising birth rate and there is likely to be an acute shortage in the future. How, then, can the specialist be most effectively utilized? By training qualified nurses as obstetrical assistants they might undertake such time-consuming duties now performed by the doctor, i.e., prenatal visits after the initial assessment, observation during labor and postpartum visits in hospital. Abnormal findings could be brought to the attention of

the obstetrician. Thus, the talents of the obstetrician would be reserved for the time of greatest hazard. This does not mean a return to midwifery as we knew it but instead the promotion of special nurses through extensive training to take more responsibility without lowering the standards of obstetric care in this country.

Likewise, the gynecologic nurse, if she has a flair for the operating room, must be well skilled in pelvic procedures including urologic, bowel and vascular techniques. She should be adept at positioning patients in dorsal lithotomy or knee chest. In the office or clinic she must instill confidence in the young girl about to have a pelvic examination or the elderly woman still clinging to Victorian traditions. She should understand menstrual physiology and concepts of infertility investigation in order to assist the gynecologist in his task. On the gynecologic ward she must know general principles of postoperative care and every detail of gynecologic care. Because of the proximity of bladder and bowel to the reproductive tract, the potential for undoing all the good in a gynecologic procedure by haphazard postoperative care is very great.

Finally, to those who say that gynecologic and obstetric nursing consists only of enemas, bedpans, catheters and screaming parturients, I say they have missed the greatest opportunity of their career. What other field has so much uncharted territory — so many opportunities for the nurse, fired with enthusiasm, to march side by side with the gynecologist-obstetrician searching for answers to disordered reproductive physiology or for means of improving obstetric care, thereby relieving future generations of the ominous prospect that "no other hazard in one's lifetime is attended by such risk as that of being born"?

A good mind possesses a Kingdom.

— SENECA

* * *

Last year I had one fault — I was conceited; this year I'm perfect!

The world belongs to the Enthusiast who keeps cool.

— WILLIAM MCFEE

* * *

Outside show is a poor substitute for inner worth
AESOP

Agensis of the Female Reproductive Tract

SUSAN M. MIALL and DIANE E. MILLIGAN

Two students' account of the care given to a patient with congenital absence of the vagina and uterus — a condition first described in 1593 and of which only 750 known cases have been reported.

The first thing that Janet did when admitted to her room in the gynecology unit was to become acquainted with her room-mate — being very careful not to mention her own condition in her conversation. Janet was a tall, attractive young lady who was not in any apparent physical pain or distress. She seemed tense, however, and concerned about her hospitalization.

Reason for Admission

Five years ago, at the age of 13, Janet had accompanied her mother to the family physician regarding her delayed menarche. He had assured them that there was no cause for alarm — that many girls do not begin to menstruate until they are 14 or 15 years of age.

During the next few years, Janet completed a commercial course and then worked as a typist in a large business establishment. She met many young people at work and, eventually, the gentleman who wished to marry her. Since her menstrual periods had still not begun, she again consulted her physician. He advised immediate hospitalization for investigation.

Examination Under Anesthetic

On the day prior to the vaginal examination, the area from the umbilicus to and including the pubic area and the perineum was shaved. Janet appeared embarrassed when this procedure

was started, but made no protest. The nurse assumed a "matter-of-fact" attitude which seemed to ease the strain.

An enema was given in the evening to evacuate the bowel. Janet felt nauseated during the procedure and vomited afterwards. Her obvious tension and apprehension appeared to be responsible for this malaise. It was difficult for her to talk about her fears, but when she finally did verbalize them, she seemed more at ease. Nembutal gr. 1½ was given to ensure a good night's sleep.

Early the next morning, a specimen of urine was collected and sent to the laboratory for routine urinalysis. The preoperative sedative of morphine gr. 1/6 and hyoscine gr. 1/150 was administered subcutaneously at 7:15 a.m. and the patient was taken by stretcher to the operating room three-quarters of an hour later.

The doctor discovered a congenital absence of vagina and uterus and marked hypoplasia of the ovaries. The external genitalia appeared normal except for the absence of the vaginal orifice. Rectal examination revealed a semi-circular band — the ovarian ligament — extending from one side of the pelvis to the other with a small, bean-like knob of tissue on the right side, which appeared to be an ovary. This condition — agensis of the reproductive tract — is rare. Normally, these organs appear about the fifth week of intrauterine life.

Although the ovary was only a nubbin of tissue, estrogen and progesterone were being produced normally as evidenced by the presence of secondary sex characteristics. The hormones produced in the anterior pituitary gland must, therefore, have been acting on this small ovary.

Miss Miall and Miss Milligan were second year students at Ottawa Civic Hospital when they prepared this study.

The Patient's Reaction

Janet reacted to the doctor's explanations by withdrawing. She refused to discuss her condition with anyone, except to say that she agreed that corrective surgery should be done. She was undoubtedly concerned about her fiancé's reaction to it and how it would affect their marriage; in spite of this, she kept silent and maintained a stoic front. Efforts, on the part of the nurse, to encourage her to confide only led to her further withdrawal.

Corrective Surgery

The skin area from the nipple line to the midline of the thighs was cleansed and shaved the day before surgery. The next morning, Janet was given a soap suds enema; preoperative sedative consisted of morphine gr. 1/6 and hyoscine gr. 1/150 s.c.

The surgeons opened the dimple within the hymeneal ring and, with blunt dissection, separated the plane of cleavage between the bladder and rectum. There was no evidence of any vaginal cul-de-sac.

The dissection was carried up to the perineum to a depth of 4-1/2 inches. A mold 1-1/4" in diameter and 4-1/2" deep was then securely sutured to the vulva. An indwelling catheter was inserted into the bladder before the patient was returned to the recovery room.

In the pencil-thin fold of tissue between the bladder and rectum lay cells which contained the potential for a mature vagina. By dissecting this fold and placing a mold between these tissues, the surgeon hoped to stimulate growth through nature's patterns and thereby form a vault of vaginal tissue.*

Postoperative Period

Janet was returned to the recovery room unconscious with a Foley catheter draining and an I.V. of 5% glucose and distilled water containing one ampoule of Solu-B and 500 mg. of Redoxon. The latter are vitamin compounds necessary for body metabolism.

Half an hour later, the patient was conscious and in severe pain. Demerol 100 mg. was given. Blood pressure

was 98/65, pulse 76, respirations 18. There was no bleeding or discharge per vagina. Janet was returned to her own room at 3:30 p.m.

A further injection of 100 mg. of Demerol was given at 8:30 p.m. At this time the nurse noted that the perineal dressing was partially covered with a serosanguinous discharge. She gave perineal care and changed the dressing. B.P., pulse and respirations remained stable. Intake and output were recorded. Nembutal 200 mg. was given at 10:00 p.m., but the patient slept little because of discomfort. The analgesic was repeated at 1:30 a.m.

Objectives of Care at this Stage:

1. To relieve the patient's pain and to keep her as comfortable as possible.
2. To provide support and encouragement.
3. To maintain nutrition and fluid and electrolyte balance.
4. To prevent complications.

Meeting the Objectives

1. Janet experienced constant pain due to spasms of the perineal muscle. She received injections of Demerol 100 mg. q.4 h. but these did not completely control her discomfort. The slightest leg movement increased the pressure on the perineal sutures and caused her to cry out with pain.

As the severity of the pain increased, the patient's tolerance of it decreased and her fear heightened. She frequently screamed and cried for her mother as the effects of the analgesic lessened. At this point, the doctor ordered Stelazine 5 mg. t.i.d. This drug, a synthetic dihydrochloride, is an ataraxic in that it helps to relieve anxiety, thus providing emotional equilibrium. The effectiveness of the medication was demonstrated by Janet's restlessness one night when the drug was withheld.

2. Janet required considerable support and understanding. Despite constant reassurance, she continued to worry about the outcome of the surgery. She acted thoughtlessly with her fiancé when he came to visit her; she exploded angrily when nursing procedures caused her discomfort; she was frightened by the appearance of new personnel.

* Amer. J. Obstet. Gynec., 12:310, Sept. 1958.

It was necessary for the nurse to realize that the hostility and anger demonstrated by Janet was her way of releasing frustration and anxiety; it was not an attack against the nurse herself. By understanding this, the nurse was able to accept the patient and her behavior.

3. For two days postoperatively, Janet received intravenous therapy supplemented by a clear fluid diet. Approximately 1,000 cc. of 5% glucose was given intravenously each eight-hour shift. A regular diet was then provided with instructions to encourage a high fluid intake. The patient ate only tea and toast at first, but her appetite increased as her pain subsided. An accurate account of intake and output was kept.

4. Special precautions were taken to avoid possible complications. Perineal care was given each time the dressing was changed to prevent infection. The perineum was washed with warm water and soap using downward strokes. This procedure was very painful and had to be done gently. Chloromycetin 250 mg. was given b.i.d. intramuscularly for five days.

Two days after the operation, a foul-smelling, yellowish vaginal discharge was noted. Prior to this, the discharge had been red or pink with no obvious odor. Later, the discharge became brownish and continued to have a foul odor for several days. Ordinarily, this might have been taken as a sign of infection; in Janet's case it was a result of the type of surgery performed. The odor necessitated frequent change of dressings with perineal care, and good ventilation in the room. Perfumed soaps and cologne were helpful in eliminating it.

The Foley catheter was left in the bladder during the postoperative period to protect the suture line from contamination of urine. Six days after surgery, an order was written to clamp the catheter and release on desire to void. That night the catheter was released and 300 cc. of clear amber urine was obtained. This clamping and releasing procedure was continued until the mold was removed.

Prevention of circulatory complication was an essential part of care. Preoperatively Janet had been taught

various leg exercises to carry out postoperatively to prevent venous stasis without straining the suture line. These she did, but only with considerable persuasion because of the severe pain in the perineal region. Due to the type of surgery performed and the pain experienced with movement, the patient's exercise was all taken in bed. Her most comfortable position was a low, semi-Fowler's which seemed to relieve pressure on the perineum. Skin care was an essential part of the nursing care. Frequent massages were given with particular attention to bony prominences.

Postoperatively, return of bowel function is an important consideration. Four days after the surgery, Janet was given an enema consisting of one ounce of magnesium sulphate, two ounces of glycerine, and three ounces of water. The return flow contained small amounts of fecal matter. This procedure also helped to relieve the patient of pains due to flatus accumulated in the bowel. A rectal tube was inserted following this and 150 cc. of liquid stool was released. Two days later, a soap suds enema was given with good results.

Removal of Mold

Approximately two weeks following the insertion of the mold, the surgeon was notified that it was protruding about one inch from the vaginal orifice. He immediately booked the operating room for removal of the mold the following day.

Following this relatively minor procedure, Janet was returned to the recovery room. She was extremely apprehensive when she regained consciousness, and was afraid to move her legs or turn because of pain she expected to experience. When told that the Foley catheter had been removed, she was ecstatic and seemed unconcerned about the outcome of the surgery. She was returned to the ward shortly after this and slept soundly for an hour or so. When she awoke she required an injection of Demerol 100 mg. for pain.

Postoperative Care

The doctor's orders were as follows:

Diet: 1. Full diet as tolerated.

2. Encourage fluids.

Prophylactic treatment: 1. Dettol douches.

2. Instillation of Triple-Sulpha Cream b.i.d.

3. Dicrysticin 2 cc. I.M. o.d. Sigmamycin 250 mg. q.i.d.

Healing measures: 1. Heat to perineum provided by electric light baker b.i.d.

2. Vitamin therapy.

Analgesics and sedatives: 1. Demerol 100 mg. q.6 h., p.r.n.

2. Analgesic tablets q.4 h. p.h.n.

3. Stelazine 5 mg. t.i.d., p.r.n.

4. Nembutal gr. iii h.s.

Measures for bowel function: 1. Agarol 1 tbsp. and

2. Soap suds enema two days postoperatively.

Normal bladder function was fostered by having the patient sit erect when voiding. Catheterization for residual urine yielded 7 cc., signifying that the bladder was emptying itself adequately.

A few hours following her return to the ward, the patient was given a sterile dettol douche; she experienced little discomfort. The return flow was pink and cloudy. One full tube of Triple-Sulpha Cream was instilled into the vagina. The electric light baker was then applied to the perineum for 20 minutes thus increasing the blood volume to the area. This helps the

healing process as well as having a soothing effect. The entire procedure — douche, application of cream and heat — was carried out b.i.d.

Janet was taught to use a plastic mold equipped with a handle to dilate the vagina. At first she was hesitant and required much encouragement. As the vagina became more flexible, however, she was soon able to insert the dilator with competence, using aseptic technique. The doctor impressed upon her the importance of carrying out this procedure t.i.d. at home in order to maintain the vaginal vault.

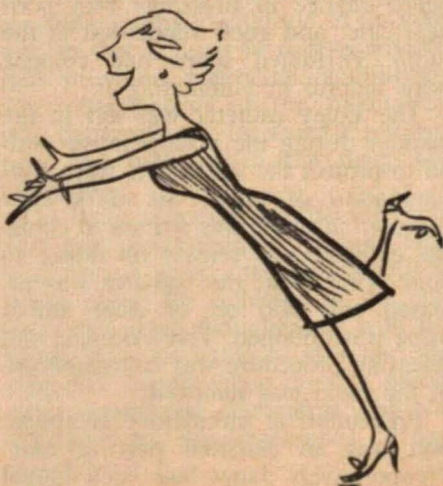
Discussions arose between patient and nurse concerning general home-care. A diet high in protein and vitamins was essential; a careful balance between rest and exercise was emphasized to ensure maximum progress to health; the importance of personal hygiene, including daily douches, was stressed.

The remaining supportive sutures were removed four days after surgery. The physician found the graft to be satisfactorily established and permitted Janet to be ambulatory. Two days later she was discharged from hospital.

Her future plans include marriage — about six months after the surgery. She and her fiancé will adopt children after their marriage so that they will have every chance of sharing a happy family life.

Excuse please — but Memorial University at St. John's, Newfoundland asked that nurses attending the CNA convention there, June 14-19, do not wear high heels in the university. So bring along a pair of flat shoes — the CNA will provide a shoe bag for your spikes.

P.S.—It will also provide a star-studded convention where there's much to learn and much to enjoy.



HIP ARTHROPLASTY

IGOR BITENC, M.D., F.R.C.S.(C.)

Arthroplasty is a reconstructive procedure in a joint, particularly to the joint surfaces, to enable this articulation to resume the function of motion under stress.

For successful arthroplasty, it is important that re-education of the surrounding muscles be achieved and that their proper action be secured by eliminating all periarticular scar tissue and fibrosis.

INDICATIONS

Indications for arthroplastic procedures are numerous, as are the contraindications to it. Where joint surfaces are destroyed and ankylosis has taken place, either by fibrous tissue or by bone, arthroplasty can be considered if the patient is in an age group where re-education of muscles can be achieved and if he is willing to undergo a lengthy rehabilitation. The patient's social status and occupation will help to determine the feasibility of such a procedure and the type to be employed.

Following arthritic changes due to pyogenic infection, surgery must be postponed until the infection has been quiescent for a long time — preferably for over a year. No signs of infection anywhere else in the body should be present.

If arthroplasty is to be performed because of joint changes due to rheumatoid arthritis, it is preferable that the disease be well controlled by medication; otherwise the procedure should be carried out during a period of remission. Following traumatic changes in a joint, where incongruity has led or is expected to lead to ankylosis, arthroplasty should be carried out as soon as possible. Since there will still be good muscles surrounding the joint, re-education and rehabilita-

tion will require a much shorter period. Degenerative arthritic changes, either of unknown etiology or, as more commonly seen, as a result of changes of the mechanics of the joint due to previous joint disorders (e.g. Legg-Perthes' disease or slipped capital epiphysis) are also frequently treated by arthroplasty.

The selection and evaluation of patients for this procedure should be made very carefully. If the indications are correct, more successful results will be obtained if there is full information in regard to the patient's original disability. Other procedures, such as arthrodesis or osteotomies of the McMurray, Pauwels or Blount type, have stood the test of time and have had, on many occasions, longer-lasting results. The decision rests, therefore, not only on the ability of the surgeon but on his evaluation of the local condition of the joint to be treated, the patient's age, sex, occupation, desire of rehabilitation and the time available to him for treatment.

TYPES OF ARTHROPLASTY

The interposition arthroplasty is well-known. After readjustment of the soft tissues and remodeling of the bony surfaces of the joint, fascia (from the patient himself) or Vitallium is interposed between the raw bone ends to function as a gliding surface. The best is the metallic cup made from Vitallium.

One part of the joint surface can be removed and replaced. The acetabulum can be replaced using steel or Vitallium of different shapes. Replacement of the femoral head is usually carried out using a prosthesis in the form of a *head and stem* (e.g. Austin Moore, Thompson types, etc.). The

Dr. Bitenc is an orthopedic surgeon on the staff of the Royal Victoria Hospital, Montreal.

Vitallium cup arthroplasty and the replacement arthroplasty with an Austin Moore prosthesis are the two types used most frequently.

The indications for these procedures are quite different as is the postoperative treatment. Replacement arthroplasty is frequently carried out in elderly people who have had a subcapital fracture of the neck of the femur; after replacement of the removed head, the patients are able to begin walking much earlier than if they had waited until the fracture had united following reduction and internal fixation. The possibility of complications such as non-union and avascular necrosis is eliminated. The drawback is that replacement arthroplasty may not function well over an extended period. At present, we just do not know how long it will stand up. It varies from individual to individual.

OPERATIVE PROCEDURES

Vitallium Cup Arthroplasty

The surgical approach to the hip joint for this procedure is from the front or, in some cases, from the lateral aspect. During the exposure of the hip joint, it is essential that the entire joint and acetabular cavity be well-visualized following dislocation of the head of the femur from the acetabulum so that readjustment of the surrounding muscles can be carried out, such as transfer of the iliopsoas, etc. The incision, therefore, is made most frequently in the anterior aspect, starting at the crest of the ilium and curving downward over the hip joint, ending in the lateral aspect of the thigh. The muscle layers are separated in such a way that they are not severed but, rather, are detached from the point of origin—such as the tensor fascia lata and glutei sub-periostally from the outer surface of the crest and ilium, the sartorius from the anterior superior iliac spine, and the rectus femoris from the inferior anterior iliac spine. The main trunks of vessels and nerves are preserved, but some vascular branches crossing the exposure cleft are ligated. The capsule of the joint is excised along with all scar formation.

The hip is dislocated anteriorly and

the joint surfaces are then remodeled so that there will be no impingement of the margin of the interpositioned Vitallium cup. This will usually require additional removal of the margins of the acetabulum. If this has been carried out frequently, it will be necessary to transfer the greater trochanter with insertion of the gluteal muscles further down the shaft of the femur to allow better leverage for these muscles and to clear the neck of the femur for better abduction. It is also frequently necessary to transfer the iliopsoas more anteriorly to the trochanteric area.

Throughout this procedure, force is avoided, particularly when the hip is to be dislocated. Attention has to be paid, at all times, to the proper fit of the cup and it is necessary to develop an acetabulum that is deep enough for the proper fit. When closure is commenced, the muscles that were detached are sutured to their original positions.

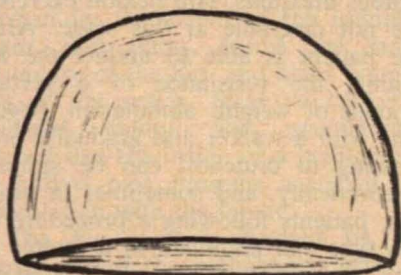
When the patient is moved to his bed, a Thomas splint with a Pearson attachment is used to suspend the leg with an additional five to seven pounds of traction to overcome the postoperative muscle spasms. The leg will be placed with the hip in slight flexion and abduction, yet neutral position in regard to rotation. The knee joint is slightly flexed at about 20 degrees. This position is the most comfortable for the patient's postoperative care and will enable him to start gentle motions, partially passive and partially active. At all times it will be necessary to re-educate and strengthen muscles that have not been used for many years.

The cup acts as an interposed structure, moving in the acetabulum and allowing motion of the head of the femur in such a way that double motion takes place — one inside and one outside the cup. This diminishes the total friction. The surfaces against the cup surface will reorganize the original blood clots to fibrous tissue that eventually will undergo metaplasia to fibrocartilage and become completely smooth, depending on the surface of the cup.

The time to start mobilizing a patient will vary for each individual; as a rule, ambulation can be started after

five to six weeks in the suspension apparatus. During the following two to four weeks, the patient begins to

of the hip joint area. The only structure sectioned longitudinally is the ilio-tibial tract and the fascia lata with



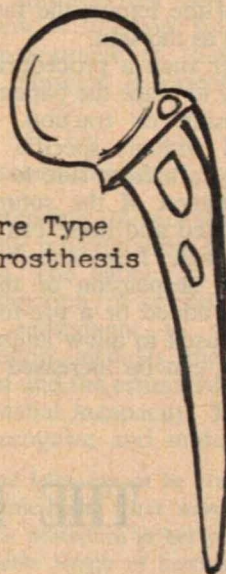
**Vitallium Cup
for Hip Arthroplasty**

use a walker, graduates to crutch walking and then to sitting and climbing stairs. Walking on crutches is desirable for at least six months postoperatively. During this time, the patient will probably have a Trendelenburg gait, which means the dipping of the pelvis to the opposite side due to the inability of the weakened gluteal muscles to support the pelvis and the body weight over the head of the femur. Other than muscular discomfort, such as muscle ache due to overwork or tiredness, it is expected that the patient will be pain-free.

Replacement Arthroplasty

The approach most commonly used is the modified Gibson (entering the thigh and hip joint area from the postero-lateral aspect) or the so-called "southern approach," (entering the hip joint from the posterior aspect). Both of these approaches are preferred for the simple reason that the gluteal muscles, especially the gluteus medius and minimus are not detached and the only muscles sectioned during this approach are the short external rotators of the hip joint. As a result, after the prosthesis is introduced and the wound healed, complete activity of the patient can be resumed.

For this procedure, as opposed to the first one where the patient is lying on his back with a sandbag under the affected hip, the patient is lying on the opposite side, and the hip to be operated upon is uppermost. An incision is made into the postero-lateral aspect



**Moore Type
Hip Prosthesis**

a split along the fibers of the gluteus maximus muscles. The short external rotators are detached in the greater trochanteric area with special care to protect and avoid injury to the sciatic nerve.

The hip joint is entered from behind and, after excision of most of the capsule and scar tissue, the hip is dislocated, by internal rotation. The head and the neck of the femur are removed with an osteotome after the dense portion of the neck has been drilled. The latter procedure has to be carried out in such a way that the drill will be at the correct angle to allow proper placement of the prosthesis where the neck of the prosthesis rests on the remaining portion of the neck of the femur, especially on the strongest portion, the calcar femorale. The bed for the stem of the prosthesis is prepared and, after measurement has been taken of the removed head of the femur, the size of the prosthesis is chosen. If the acetabulum is incongruent and adjustments are necessary this will be carried out; then, according to the size of the newly-formed acetabulum, the size of the head will be determined.

The prosthesis is driven into the shaft through the neck of the femur. It should be sitting firmly and should

prove immobile when tested. The reduction of the hip is carried out; the short rotators are reattached at the posterior aspect of the trochanteric area of the femur; the fascia is closed as well as the skin.

After such a procedure, it is unnecessary to place the patient in balanced suspension or traction. He may be nursed without specific care and is able to turn from side to side. Following removal of the sutures, exercises are started and these can be of an active nature from the beginning. To provide suspension of the leg, slings can be added or a pre-formed plaster mould used to allow lateral abduction. Motion can be increased to the resis-

tance point by use of weights.

The exercises of primary interest are abduction for gluteal muscle strengthening and extension to strengthen the gluteus maximus. Hip flexion exercises are not desirable at this stage. After the patient is able to abduct the leg against the resistance of a certain amount of weight, ambulation, beginning with a walker and gradually progressing to crutches, can be started. Theoretically, and sometimes in practice, patients following a procedure of this type can ambulate in a matter of days without ill effects. This is particularly true of patients who have had the arthroplasty as a result of acute fracture.

THE LONG ROAD HOME

JUDITH MCKAY

The patient who has a hip arthroplasty must be prepared to face a rigid rehabilitation schedule.

Mrs. Allen was a 55-year-old woman who had suffered almost constant pain in her right hip for five years. The pain had become increasingly severe over the years and, added to this, she noticed stiffness in her hip, a tendency to limp, and shortness of the affected leg. The physician told her that she had a condition called osteoarthritis — a strange term which she did not understand and which he explained to her.

OSTEOARTHRITIS

This is a degenerative disease of the joints characterized by thickening and scarring of the synovial membrane and capsule, and by hypertrophy of the cartilage and bone at the joint margins, with thinning of the cartilage of the articular surfaces. It is a disease that occurs more often in middle or later life, and is associated with joint wear and tear. It is also more common

in people who are overweight. Signs and symptoms of the disease are usually mild, although persistent and progressive. Injury, strain, and damp weather aggravate the condition; symptoms tend to be more severe if the individual remains too long in one position. Overactivity results in more discomfort, but this can be partially relieved by rest.

The pain of osteoarthritis is usually mild, often described as an ache or a feeling of stiffness. When the lower extremities are involved, a limp appears, probably due to a natural tendency to protect the affected limb. The patient will notice some limitation of movement in the hip joint, especially when trying to abduct and externally rotate the leg. Muscular weakness of the leg develops due, in most cases, to the limited use of the extremity. As the disease progresses, the pain becomes more unbearable and severe.

ANATOMY OF AFFECTED AREA

The hip is the junction between the pelvis and the lower extremity con-

Miss McKay is head nurse of an orthopedic unit at Toronto General Hospital, Toronto, Ont.

sisting of the hip joint and surrounding muscles. The hip is flat in front, slightly rounded laterally, and quite rounded posteriorly by the muscles of the buttock. The innominate bone, formed by the fusion of the ischium, ilium, and pubis, forms the inner boundary of the hip, and outer boundary of the pelvis. Near its centre a rounded cavity, the acetabulum, shaped like the inside of a hemisphere or hollow ball, presents a socket for articulation with the femur.

The hip joint is formed by the movement of the ball-shaped head of the femur with the acetabulum, with the femoral head loosely attached to the acetabulum by ligaments. This is a ball and socket joint which can move to any position within the approximate range of half a sphere. It is a strong joint as well as a very moveable one, since it must carry the weight of the trunk and upper extremities, as well as bear the brunt of the various activities of the lower extremity. The hip joint and its muscles are used actively in the process of walking, running, jumping, dancing, swimming, etc. Adduction and external rotation of the hip permit crossing of the legs.

ARTHROPLASTY

The physician told Mrs. Allen that it would be necessary for her to have a *hip arthroplasty* — a revision of her hip joint.

Arthroplasty is the reconstruction, not merely of the bony structures, but of all the component parts of an articulation or joint, for the purpose of restoring motion to the joint and function to the muscles, ligaments, tendons, and other soft tissues. Arthroplasty is designed to restore and to produce a more functional and stable joint, with maximum freedom from pain. It is most commonly done at the hip joint. The procedure is divided into four parts:

the plastic adjustment of the soft structure; the reconstruction of the bone; the interposition of material between the articular surfaces; the after treatment.

There are three different operations which come under the heading of hip arthroplasty:

1. fascial
2. cup
3. replacement

Basically, the treatment and post-operative care of these three are the same, with a few specific exceptions which will not be discussed. The operation itself is only the first step in the re-establishment of function. Carefully planned after-treatment to re-educate the atrophic muscles is essential to success.

PREOPERATIVE CARE

An understanding of and strict adherence to the rehabilitation program are necessary. The patient is given a detailed explanation of events to be encountered subsequent to surgery. This explanation includes the treatment program and the estimated period of total or partial incapacity. The patient must recognize and understand:

that a *normal* joint cannot be created by any surgical procedure; what may be expected from the procedure in her particular case; the probable length of hospitalization and convalescence; what the postoperative rehabilitation program involves, and the role she will play in it.

This was explained to Mrs. Allen by her physician well in advance of the proposed surgery. She had an opportunity to think about it and to discuss it with her family. Since orthopedic surgery is a very long, drawn out process, it is important that the family be able to look after themselves, or that arrangements be made for someone to look after them during the patient's hospitalization. Mrs. Allen understood that the operation might or might not be successful. In either case she was prepared to face an extremely long convalescent period.

When Mrs. Allen was first admitted, the nurse assigned to care for her showed her to her room, introduced her to other patients, asked her to put on a hospital gown, and then put her clothes away. She explained how to contact the nursing staff with the signal light, how to use the radio, and where the washroom was located. After this Mrs. Allen was told about the general hospital routine. Her admission temperature, pulse and respirations were taken and recorded, and, finally, a urine sample was obtained and sent to the laboratory for routine analysis.

After she was in bed, the intern carried out a final preoperative physical examination, and took a sample of blood to determine the hemoglobin content as well as the patient's blood group. The laboratory was asked to have 2,000 cc. of blood available, since blood loss during hip surgery is often quite extensive. After he had examined the patient, he asked her to sign a written consent for surgery. An enema was given and the operative site was prepared.

In orthopedic surgery, it is essential to minimize the danger of infection since an infected bone is extremely difficult to cure. If infection sets in, the bone becomes very weak and rarely regains its original strength. The nurse washes the operative site carefully, shaves it without breaking the skin, and prepares the skin with an antiseptic agent such as PhisoHex. The area extends from the waist to the knee on the affected side, and from midline in the back to midline in the front, including the public area. The area is then wrapped in sterile towels. To assure the patient of a restful night a hypnotic, such as secobarbital sodium is administered orally.

In the morning, the patient is put in an anesthetic traction bed. Her valuables are locked away, nail polish and/or dentures are removed. One hour prior to surgery, she is given preoperative sedation to relax her, and to reduce bronchial secretions in the lungs in preparation for anesthesia.

POSTOPERATIVE CARE

Following surgery, an elastoplast gauze dressing is "laid on" the operative site in such a way that tension is avoided. The patient is kept anesthetized until she is moved to her traction bed with the limb immobilized in a splint and traction applied to it. A Hodgen or Thomas splint with a Pearson knee attachment is used with five to seven pounds of traction applied to overcome muscle spasm in the leg. The hip is placed in a position of slight flexion, moderate abduction and slight internal rotation. The knee is slightly flexed. This position is sometimes altered, depending upon the operative technique employed.

A folded towel or trochanteric roll is placed under the buttock behind the greater trochanter and in line with the gluteal cleft to maintain internal rotation of the extremity. The patient's position is changed by adjusting the apparatus. The extremity must at all times be kept in proper relation to the trunk, regardless of the position in bed.

Mrs. Allen was transferred to the recovery room, where she was kept until conscious. During the surgery it had been necessary to give her 2,000 cc. of blood. The transfusion was completed in the recovery room and an I.V. of 5% G/DW started. The surgeon wrote the following postoperative orders:

1. Give a total of 2,000 cc. of blood and follow it with 2,500 cc. of intravenous fluid in 24 hours: 5% G/DW alternated with 5% G/NS.
2. Each 1,000 cc. of intravenous fluid should contain 1 Gm. Erythromycin.
3. Intravenous to run until the patient is able to tolerate 2,000 cc. of clear fluids orally in a 24-hour period.
4. Clear fluids only to be increased in 24 hours to diet as tolerated.
5. Morphine gr. 1/4 q.4 h. p.r.n. s.c. for 48 hours for pain to be followed by
6. Morphine gr. 1/6 q.4 h. p.r.n. for 48 hours to be followed by
7. Codeine gr. 1 s.c. q.4 h. p.r.n.
8. Gravol 50 mg. I.M. q.4 h. p.r.n. for nausea and vomiting.
9. Chest routine q.1 h. for 24 hours and then p.r.n.
10. Do not turn patient for 24 hours; after this period, turn on unaffected side q.2 h.
11. Catheterize in 12 hours if the patient has not voided.
12. Blood pressure to be taken q.1/2 h. until stable and then q.4 h.

The nurse mentally reviewed the reasons for these orders: the intravenous fluid is given to replace the loss of body fluid and to compensate for a reduced oral intake; Erythromycin, an antibiotic, is given to reduce the possibility of postoperative infection; since bone surgery is one of the most painful types of surgery, it is, therefore, necessary to give the patient a strong analgesic such as morphine; since the gastrointestinal tract movement is greatly decreased for approximately 48 hours after surgery, a limit-

ed oral intake is essential to decrease nausea and vomiting; regular, deep breathing and coughing exercises will clear the chest of stagnant secretions caused by the immobility of the patient, thus reducing the possibility of pneumonia; the patient must remain in one position for 24 hours to allow the operative site to become stable; to decrease the possibility of pressure areas, the patient must later be turned from back to unaffected side q.2 h.; blood pressure is taken at regular intervals for early detection of shock.

Mrs. Allen recovered from her surgery extremely well. In 24 hours the intravenous was discontinued since she was able to tolerate clear fluids orally. In 48 hours she began to eat solid foods. She voided without catheterization.

REHABILITATION PROGRAM

This includes:

A well balanced diet which allows the patient to maintain her usual weight; enough milk to encourage the formation of new bone; sufficient rest to give body and muscles time to regain strength; change of body position and frequent massage to prevent the development of decubitus ulcers; administration of a laxative daily to counteract the problem of constipation and to ensure regularity; adequate sedation to relieve pain.

Physio- and Occupational Therapy

Since the length of time required for the patient to remain in traction is usually three to four weeks (sometimes five to six weeks), it is necessary to find an outlet for her energies and thoughts. If she is not occupied in some way, she may become quite depressed. Since depression only serves to hinder the physical progress of the patient, it is essential that the occupational and physical therapy be combined in a well-balanced program.

Mrs. Allen was interested in painting and in leathercraft; during her period of rehabilitation she was able to complete several oil paintings and to make a wallet, a belt and book cover. This she enjoyed thoroughly. When not working on her crafts, she spent her time doing exercises.

Early muscle activity is limited by

the painful reaction, secondary to surgical interference; muscles fatigue quickly and require a great deal of rest. It is only with a consistent exercise program, carried out within the limits of comfort, that fatigue lessens and tolerance for activity increases. Muscle strength may develop early, but endurance is regained slowly. The tissues that have been disturbed must readjust physiologically to the demands of increased function. Thus, the first exercises taught to the patient are:

1. *Anterior tibial pull with toe curling*, alternated with plantar flexion of the foot. This simply means pulling the whole foot up towards the unbent knee and then pushing it away from the knee as far as possible.

2. *Quadriceps setting and knee extension*. This exercise is designed to strengthen the quadriceps muscle in the thigh by tightening and relaxing the knee joint.

3. *Internal rotation of the hip*. This is accomplished by trying to pull the hip inwards towards the pubis.

These exercises are done daily at regular intervals, and are continued throughout the entire postoperative period. A week to ten days following surgery, the physiotherapist increases the exercise program, and starts the patient on passive and active assisted flexion and extension of the hip and knee by manipulation, the use of suspension ropes, and a knee sling. She also teaches passive and active leg abduction exercises. The passive exercises consist of gently swinging the leg from side to side of the traction suspension apparatus; the active exercises consist of stretching the leg to make it as "long" as possible. This program is continued until the traction is removed. While the patient continues the above exercises, the physiotherapist follows the surgeon's orders for more advanced exercises. Medical practice differs respecting this pattern.

The patient progresses according to her work tolerance, her age, and her recuperative powers. Mrs. Allen was a very willing worker and made good progress; within 10 days after removal of the traction, she was ready to sit in a chair and to begin ambulation in a walker. This step is usually taken when the patient can actively assist in moving from the bed to the chair. The

physiotherapist taught Mrs. Allen to "mark time" in the walker and then to walk by bearing just enough weight on the affected limb so that she felt the floor firmly underneath her foot, while supporting the remainder of her body weight with her arms on the framework of the walker. There is a natural tendency to bend over in order to protect the affected side. Mrs. Allen had to remember to maintain an erect position.

Eight weeks after surgery, and after the patient had mastered the walker, the surgeon told the physiotherapist that Mrs. Allen could be started on crutch walking with partial weight-bearing on the affected limb. Until the time of discharge, Mrs. Allen continued to use crutches and to gradually increase the amount of weight that she put on the affected leg.

Most patients are discharged to convalescent homes. Mrs. Allen had a very willing, capable family who were able to arrange for help in the home so that she could rest, continue her physiotherapy, and readjust gradually to the problems of managing her home.

CONCLUSION

Perhaps one of the most important but one of the most difficult parts of Mrs. Allen's postoperative care was the maintenance of a good mental attitude. She needed constant encouragement and reminders that progress is slow, and must be assessed on a weekly basis rather than a daily one. She

had to understand that she could not speed up the healing process by working too hard and tiring herself. Most orthopedic patients do not feel sick and it is difficult for them to understand why healing takes so long.

Upon discharge, Mrs. Allen was given a list of instructions:

Avoid sitting for more than one hour at a time.

Complete relaxation in a recumbent position — one hour a day.

A definite exercise program.

Avoid physical fatigue.

Muscle soreness and stiffness not relieved by rest or Aspirin is due to overactivity.

Do not increase the number of times, or length of time of any one exercise until it can be performed asymptotically several times in succession.

Exercise only to the discomfort point.

Leaving hospital, almost fully recovered from her surgery, Mrs. Allen was pleased that her pain had gone, and that her hip joint moved easily. The weeks of bed rest, exercise, and patience were worth the effort — even if it was "a long road home."

REFERENCES

Howarth, M. B. *Textbook of Orthopedics*. Philadelphia, W. B. Saunders Co.

Larson, C. and M. Gould. *Calderwood's Orthopedic Nursing*. St. Louis, C. V. Mosby Co., 1961.

Speed, J. S. and R. A. Knight, ed. *Campbell's Operative Orthopedic*. St. Louis, C. V. Mosby Co., 1956.

Coming!

IN

JUNE 1964

Gray — Law and Nursing

Brookbank — The Nurse as Supervisor

Jourard — Personal Contact in Teaching

Jameson and Mackie — Reorganization of a Department of Nursing

plus additional material

LET'S LOOK AT THE TEACHER

SIDNEY JOURARD, PH.D.

Many nurses go into "nursing education" because they can't stand nursing patients!

We learn, not only from the efforts of a teacher to inform and correct us, but also through identification with the example set for us by our teacher. This learning from example is a very subtle thing, because much of it goes on without a word ever being spoken. The kinds of things which students learn by emulation of exemplars include: attitudes, values, likes, dislikes, prejudices, and kindred matters.

INVOLVEMENT IS ESSENTIAL

Let us look at the typical role-model encountered by a student of nursing. Her class instructors are commonly women who have not been responsible for patient care in ages. They haven't liked patient care for a variety of reasons — it does not pay enough, they are afraid of close contacts with people, or they failed to find challenge or satisfaction in the process of patient care. And so, they went to a teacher's college, took a master's degree heavily loaded with such courses as curriculum construction, methods of evaluation—the kind of thing that appears in the syllabus of a college of education—and they may, as well, have taken a graduate seminar where they read and talked about some phase of nursing, e.g., nursing administration, or supervision etc. Then, they have gone back to a school of nursing, and have set out to teach students something about which they themselves may know very little. I realize that this is a caricature of the state of affairs, but I wager that it's not wholly inaccurate.

While it is untrue that all expert practitioners can teach the art to others, it is also true that one cannot

teach the spirit of a profession unless one is continually involved in it. I do not believe nurses can teach nursing to students unless, at some regular interval, they hurl themselves into active care of patients in order to learn more, test out ideas, discover areas of inadequacy and the like, then share this with students.

I am a clinical psychologist by profession. By hook and by crook, I have maintained a small case-load of private patients whom I see in psychotherapy. I have done this continually, though my main salaried positions have been either teaching or research. One of the things I teach, do research in, and write papers about, is psychotherapy. How could I teach a meaningful seminar in personal counselling and psychotherapy, unless I kept a lively participation in my practice? I might read much about the field, and become an expert on others' opinions about the practice of psychotherapy, but my only basis for criticism of the work of others would be the grammar and logic of the books and articles I read. I would have no personal experience to serve as a basis for agreeing or disagreeing with the views of others.

If a nurse who teaches students does not practise her profession, what does the student learn from her? Certainly, she may learn the factual material that is found in the books that have been assigned. She may learn something from the lectures. But the significance of what is learned in the library or lecture hall for the practice of patient care may not be clear.

A CONTAGIOUS ENTHUSIASM

What kind of role-model are you as an educator? One of the most important characteristics of an effective role-model is the degree to which she

Dr. Jourard is with the Department of Psychology, University of Florida, Gainesville, Fla.

is actively and creatively committed and involved in her work. To be committed and involved means to be concerned about some branch of learning and practice, struggling to understand it, contributing to it, studying it, applying it, and perhaps teaching it. A committed person is one who is enthused about her subject matter. Nothing is so contagious as enthusiasm, unless it is lack of enthusiasm. When was the last time that you had an idea that excited you, or read some literature in your field that fascinated you? When was the last time that you wrote a paper for presentation to your colleagues or students, for their criticism or reactions? When was the last time you submitted something for publication? When did you willingly take on an "impossible" patient, to see what you could do or learn?

This is the kind of enthusiasm that carries over to students in spite of the immense boredom of some of the material that needs to be read, or of lectures that must be attended. Excitement, involvement, and enthusiasm with one's profession cannot be faked. The bored educator, the one who is bored with her subject-matter ought to take a hard look at her self — should she be teaching?

So far, I have discussed two aspects of teachers of nursing as role-models — their closeness to the practice of the art they profess, and the nature and quality of their involvement and commitment to it.

STATEMENT OF PURPOSE

Let us look at something that might make it difficult to become an enthusiastic professor of nursing — the lack of clarity of definition of the field itself. Is nursing nothing more than a conglomeration of skills? If this is true, then nursing assistants who often can make a bed or rub a back as well as a registered nurse should be called nurses. What is nursing for, anyway? Is it a profession devoted to being an extension of the physician's eyes, ears, and hands? Is it dedicated to paper-shuffling?

There has been lacking a conception of the purpose of the profession as a whole that has troubled many thought-

ful people. It may seem academic, but a profession must have some kind of over-all statement of purpose, a purpose that can never be fully achieved, in order to provide scope for the continuous growth and development of practitioners.

Have any of you improved as nurses over the years? If so, *in what respects* have you improved? Have you become more expert with the hypodermic? I venture to say that one can reach a plateau in proficiency at injections in about an hour of expertly supervised practice. Have you become more expert at making medication rounds, getting the medicine to the patient with a minimum of effort, fuss, or bother? In principle, a machine could do this better.

What does growth in nursing prowess mean? An answer to this question is gradually being made by a few of the leaders in the field. Nurses in widely scattered areas quite independently have arrived at a conception of nursing which ensures it will have an unlimited ceiling. They see nursing as a profession concerned with the promotion of comfort, or well-being, or equilibrium in sick people. Nurses address themselves to the residuals of health in patients, seeking to identify these, and foster their enlargement. Physicians are the bloodhounds of pathology, quite properly so. Nurses, like mothers, nurture growth, then let the grown person go free. This conception has exciting implications. It implies that there is much to be learned through practice in contact with patients; through research about the conditions of comfort, about the means of fostering morale, growth, and a fighting spirit in patients.

If a nursing educator has wrestled seriously with the problem of defining ultimate goals for her profession, she need never feel that her training is finished. She will realize that there always will remain much to learn in order to improve the quality of the care she practises or teaches. If a nurse genuinely is groping ceaselessly for methods of increasing her competence, she will not convey, by her example, the idea that once one has finished one's training, one need learn nothing more.

I rather like one leader's statement

that she doesn't train nurses, but rather seeks to develop good people, who in the process, learn the technical skills and knowledge that will make them useful not only in a sickroom but also in the community.

I would like to invite some heated discussion about this theme of becoming a more effective role-model, because I believe it to be a crucial factor in student-learning. Teacher colleges may load their students with techniques of teaching this, that or the other thing, but the importance of the role-model is generally overlooked. All too often, teachers have sought to be something they are not in the presence of students in the hope of being a proper example. This is not desirable. It is better to be what you are, as a teacher. If you are bored, or mediocre, then you can seek to find what is wrong with your setting, with you, or with your profession. If you find out and correct matters, you will again achieve high morale and be the more desirable sort of role-model.

INTERPERSONAL COMPETENCE

Nursing educators have high hopes of fostering interpersonal competence in their students. *What exactly does interpersonal competence mean?* Taken literally, the term means facility or skill at producing desired outcomes to one's transactions with others. One who displays interpersonal competence is able, through his relations with others, to produce such desired outcomes as: being liked by the other; being known and understood by the other; being obeyed by the other, if that is desired, and so on. Further implicit to the term "interpersonal competence" is the idea that the one so gifted is able to accomplish his purposes in interpersonal dealings without jeopardy to values other than those being sought in the transactions. For example, an individual may be able to get others to like him, which is, after all, an eagerly pursued aim in dealings with others. But if, in doing this, the individual is obliged to suppress his true self, he may be paying for his popularity with neurosis, or recurrent physical ills, which are common outcomes to the suppression of self.

Interpersonal competence is a tricky kind of skill or capacity to teach. It is difficult to teach it in the same way, for example, that one teaches students how to dismantle an oxygen tent, or how to change a bed. It seems to be best learned through experience. Here is where the role-model becomes of the utmost importance. Perhaps the best way for students to learn interpersonal competence is through exposure to persons who already have achieved some measure of this skill; that is, through involvement in relationships with persons more competent interpersonally than *they* are at present.

What is the most crucial factor in interpersonal competence? Empathy certainly is important, but I would say that security is equally important. By security, I mean the freedom and courage to be one's real self. This implies that the person who would become competent at interpersonal relationships must place real-self-being high on the ladder of values. It means she must basically like and trust her own, spontaneous reactions to situations and people, and be willing to reveal these in a face-to-face situation. In the long run, such openness will produce the outcomes that are most desired.

What fosters such security and openness? Among other things, numerous experiences at being open with others, and being confirmed or supported or taken seriously when one has been thus open. Students can be helped to become more sure of their own identity and more courageous in expressing their true feelings and opinions, when faculty members have taken the pains to listen seriously to them, and have rewarded them for such openness, even when they disagree with what they say or do. The teacher can set an example for this sort of openness by being that open herself and letting students see her that open. For example, one need only look at the conferences between a nurse and a doctor, and compare these with the conversations between that same nurse and a student, or an assistant, to see where courage to be open, enters the picture. Often, in the relation with the physician, the nurse will stifle her gen-

uine opinions and suggestions out of dread of being criticized or blasted. Granted that there is a difference in power and status between a nurse and physician, yet students would be aided immeasurably if they could watch truly open dialogue between their teachers of nursing and physicians as they collaborate in the care of a patient.

We in nursing education claim that we want our students to come to know the patients for whom they care. The best way of fostering this desire in students is to give them living experi-

ences in being known. This means that teachers should seek to know their students, not necessarily the facts of their family backgrounds, and the problems they are having with their boy friends. Rather, it means seeking to know them as they are during every contact with them. Such knowledge not only helps the teacher know what is to be taught, but it also reinforces the student's sense of identity as a person. If the teacher is equally free in letting the student know her as she is, then she is providing invaluable role-model experiences to the student.

Canadian Nurses' Association Ticket of Nominations

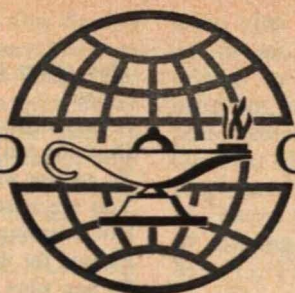
BIENNIUM 1964-66

President	Mrs. A. Isobel MacLeod <i>acclamation</i>	Director of Nursing, Montreal General Hospital, Montreal, Que.
First Vice-President	Miss Katherine MacLaggan <i>acclamation</i>	Director, School of Nursing, University of New Brunswick, Fredericton, N.B.
Second Vice-President	Sister M. Felicitas	Director, School of Nursing, St. Mary's Hospital, Montreal, Que.
	Miss Ruth E. McClure	Director, School of Nursing, University of Alberta School of Nursing, Edmonton, Alta.
Third Vice-President	Mrs. Blanche Duncanson	Director, Nightingale School of Nursing, Toronto, Ont.
	Miss Verna Huffman	Consultant in Public Health Nursing, Dept. of National Health & Welfare, Ottawa, Ont.
	Sister Denise Lefebvre	Director, Institut Marguerite d'Youville, Montreal, Que.
	Miss Louise Miner	Director, Nursing Service Division, Sask. Dept. of Public Health, Regina, Sask.
	Miss Betty Sellers	Director of Nursing, Queen Elizabeth Hospital, Toronto, Ont.

Representatives of Nursing Sisterhoods

Sister T. Castonguay	Director, School of Nursing, Regina Grey Nun's Hospital, Regina, Sask.
Sister Mance Décaré	Director of Nursing, Hôpital Notre-Dame, Montreal, Que.
Sister M. Elaine	Director of Nursing Service, St. Mary's Hospital, Montreal, Que.
Sister Agnes Fleury	Director, St. Boniface General Hospital School of Nursing, St. Boniface, Man.
Sister Catherine Gerard	Administrator, Halifax Infirmary, Halifax, N.S.
Sister B. Knopic	Administrator, Our Lady's Hospital, Vilna, Alta.
Sister Cecile Leclerc	Presently enrolled in Master's program, Catholic University of America, Washington, D.C.
Sister Clare Marie	Director, Degree Program, St. Martha's Hospital, Antigonish, N.S.
Sister Margaret Mooney	Assistant Director, School of Nursing, University of Ottawa, Ottawa, Ont.
Sister Joseph-Ovide	Assistant Administrator, Hôpital du Sacré-Coeur, Hull, Que.
Sister Saint Albert	Director, Ottawa General Hospital, Ottawa, Ont.
Sister St. Joseph	Administrative Assistant, Hôtel Dieu, Campbellton, N.B.

THE WORLD OF NURSING



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION.
74 STANLEY AVENUE, OTTAWA

Are You Ready?

The stage is set, the welcome mat is out, St. John's awaits you. But before you board your flight for the 32nd Biennial Meeting, we thought you should become familiar with some of Newfoundland's folklore. For when you step off that flight you will be charmed by the islanders' picturesque

speech and customs. For instance, when you hear, "Long may your big jib draw," you are being given a good wish for the future.

Here is a selection of unusual words and their meanings, Newfoundland sayings and some festal customs. We think you will enjoy them.

Words

angishore
arn
ballyrag
binicky
bogie
chucklehead
cotched
crannicks
douse
duff
flinders
gamogue
gandy
jinker
lashins
lourd
narn
oonshick
plaumaush
prog
rames
rompse
slinge
sloo
switchel
twack
vang
yarry
yer
yoi
yap

Meanings

a weak, miserable person
any
to abuse
ill-tempered
a small stove
a stupid person
caught
dried roots of trees
to give a quick blow
pudding of flour, fat pork and molasses
small pieces
a silly trick
a pancake
one who brings bad luck
plenty
dark, gloomy
none
a person of low intelligence
soft talk, flattery
food
a skeleton
to wrestle
to stay away from school or work
to get out of the way
cold tea
to examine goods and buy nothing
fried salt pork
rising early, alert
here
in this place
to retort angrily

Newfoundland Sayings

All mops and brooms

A noggin to scrape

Don't cut tails

Give her the long main sheet

Good morrow to you

In a hobble about it

Out dogs and in dieters

Tom Long's account

'Tis not every day that Morris kills a cow

The old dog for a hard road

When the snipe bawls, the lobster crawls

You can't tell the mind of a squid

The older the crab, the tougher his claws

Figures of Speech

Busy as a nailer

Cross as the cats

Deaf as a haddock

Far as ever a puffin flew

Leaky as the basket

Old as Buckley's goat

Round as the bung of a cask

Slow as cold molasses

Smooth as a mill pond

Soggy as lead

Stunned as an owl

Smoky as a Labrador tilt

Wide as the devil's boots

Yellow as beaten gold

OMENS

Good Luck

Seeing the new moon first over the left shoulder — picking up a horseshoe on the road — picking a four leaf clover — seeing two black crows flying overhead — putting on a garment inside out by mistake — picking up a coin — picking up a pin or a white button — a rooster crowing on the doorstep — to see a baby smiling in its sleep — to dream of one's father — a bee coming into the room.

Bad Luck

Breaking a mirror — having thirteen persons at table — coiling a rope against the sun — walking under a ladder — purchasing a broom in May — meeting a red haired woman — coming in by one door and going out by another — meeting a cross-eyed person — to spill salt — to leave a knife turned blade upwards — to have a lone black crow fly over your head

This refers to an untidy condition of the hair

A very difficult task

Don't be too particular

To go afar with no intention to return

You are mistaken

Not worrying about the matter

Prepare for the summer fishery

To pay what you owe and have nothing left

Favorable opportunity comes but seldom

Experience easily overcomes difficulty

After sunset

This refers to an unreliable person. A squid

can move backwards or forward

It is not easy to fool a sophisticated person

— to be called back just as you have begun a journey — to whistle on the water — to drop the ring at a marriage ceremony.

FOLK MEDICINES

Stopping Blood

The application of cobwebs, also turpentine of fir. Nose bleed could be stopped by certain persons who recited a secret prayer or rite to secure the desired effect.

Curing Warts

Cut notches in a stick and hide the latter. Rub a piece of fresh meat to the warts, then bury the meat and as it decayed the warts disappeared. Count the warts and make a like number of chalk marks on the back of a stove; as these burned off the warts went also.

Toothache

Vinegar left in the mouth gave relief. Pebbles from the grave of a pious person provided a faith cure. The magician charmed away the toothache. One way to do this was to write some words on a scrap of paper and have the afflicted one carry the script on his person. He was forbidden to read it as the pain returned in punishment of such curiosity.

Pain in the side

Put a pebble under the tongue.

Headache

Walk backwards, around in a circle preferably.

Festal Customs

Celebrated with gusto is the night of November 5th. Huge bonfires are lit in

every village to perpetuate the Guy Fawkes attempt to blow up the Parliament Buildings in the time of James I. Green boughs and tar barrels are used to create a thick smoke screen, and through this dense pall of smoke young people dance and collide with shouts of laughter. Should a novice come in good clothes, he or she is marked for a lavish smearing of burnt embers.

Other times of much merriment are Pancake Night, the eve of Lent, and the feast of St. Patrick. Old time dances are all in order on these occasions, and the music of the fiddle or the inevitable accordion gives the gay throng the necessary accompaniment.

Advanced Nursing School to Open in Autumn

DR. HELEN K. MUSSALLEM was one of eight nursing leaders in Edinburgh recently to discuss curricula for the International School of Advanced Nursing Education which will open in October.

The school, which will form a section of the established Nursing Studies Unit at Edinburgh University, is being established in association with the World Health Organization. Teaching and research facilities for the school, the first of its type in any British university, will be provided by the university itself, but the WHO will provide fellowships for both staffs and students, and also travel grants.

The school is being set up in Edinburgh because a nursing studies unit already exists there, and because the university has shown interest in offering opportunities to nurses.

The new course, which will lead to a diploma for graduate nurses and certificates for non-graduates, will last a year. Admission requirements will be the same as those demanded by the university academically, but nurses will have to have qualified in their country of origin.

The program will prepare nurses for the administration of nursing services or of nursing education, and students will be full members of the university. They will be learning principles that can be applied in any setting so that they can go back to their own countries and make a specific contribution.

Others, attending the meetings, who

were also concerned with the setting up of an advisory body to be concerned in the implementation of the program, included Miss LYLE CREELMAN, chief nursing officer of WHO, Geneva; Miss FERNANDA ALVES-DINIZ, Regional Nursing Officer, WHO; Mlle M. DUVILLARD, director of the school of nursing, Le Bon Secours, Geneva; Mlle G. FRÈRE, director of the school of nursing, Free University of Brussels; Miss M. SCOTT-WRIGHT, deputy matron, St. George's Hospital, London; Miss I. HAMELIN, director of the nursing education division, International Council of Nurses, London; and Miss MARION MURPHY, professor of public health nursing, University of Minnesota.

Nurses Enter University of Ghana

The University of Ghana has admitted 20 students in its new 2-year program for graduate nurses. The students — ten women and ten men — will be prepared to teach in schools of nursing, public health schools and midwifery schools.

Both general education and professional subjects are included in the program, including psychology, sociology, and English, which are taken with non-nursing students. In time, the university plans to lengthen the course to provide a degree in nursing.

Nurses and the Social Insurance Number Project

Last month a mammoth project, involving approximately 6,500,000 Canadians, began with the issuance of Social Insurance Numbers to employed persons whether covered by unemployment insurance or not. All employed nurses, including those in hospitals now considered charitable institutions, must make application for a Social Insurance Number, if they have not already done so.

You are asked to obtain an application form from your employer. The completed form will be sent to the nearest office of the Unemployment Insurance Commission and your Social Insurance Number Card will then be issued to you. Those nurses who are self-employed on private duty must

go to the nearest office of the Unemployment Insurance Commission to make application.

Nuns employed as nurses are also to be registered unless they are members of religious orders which have taken vows of perpetual poverty and whose wages and salaries are paid either directly or by them to the Order.

Young Women to be Encouraged into Nursing

Forty-three delegates from all parts of Alberta attended the 4th Annual Presidents' Institute of the Alberta Association of Registered Nurses, held recently in Edmonton. Among the topics discussed were ways and means to encourage more young women to enter the nursing profession.

One Chapter of AARN is organizing a Career Club for high school girls. The aim of this club is to give more insight into nursing and the allied health professions. It will also help them to explore their own aptitude for such professional pursuits.

It is not designed to be a club of nurses, but a career opportunity course to show what fields are open to women; how to get into the various courses; what they need to know about the job they will undertake; the future that is open to them; and to help them

decide on a definite course. The Chapter members will act in a counselling capacity and will give short talks during the year on what nurses do in specialized fields such as operating room, case room, public health and general duty.

A Couple of Firsts

A new school of nursing, designed for women in the 30-50 age group, will be started at Toronto's St. Joseph Hospital this year. The two-year day school for nursing will be the first of its type in Canada. It will use adult education methods, provide special counselling services and turn out graduate nurses. The new course for older women has already attracted 100 applicants, although only 35 will be enrolled.

Ryerson Polytechnical Institute may add a three-year diploma course in nursing to its curriculum in 1964. If Ryerson approves and is able to secure the necessary staff and clinical facilities, the first 30 student nurses are expected to enroll in the fall of 1964. The projected course is the first experiment outside a university to try nursing as a course in a general educational institution. Its success will determine the establishment of similar courses elsewhere.

An Unusual Custom

The Haida people of Queen Charlotte Islands have a custom of complimenting the cook when they attend a party.

The guest leaves a morsel of food on his plate to compliment the hostess on her generosity in giving him more than he can eat. The hostess provides a paper bag for each guest. At large weddings, etc., crackers, fruit or favors may be saved to take home in the bag.

Recently, one nurse held a party to introduce a new nurse to the area. In recognition of the custom, she provided the small paper bag. The people used them in the customary way — after they were assured that this was expected.

— *Excerpts, Feb., 1964. Medical Services.*

Dept. of National Health and Welfare, Canada.

* * *

Student Exam Boners

The appendix was taken immediately to the laboratory with the patient's name and her doctor attached to the container.

Pregnancy is an illness that lasts nine months and usually cures itself.

Religious care should be given to a patient's back to prevent bedsores.

* * *

We may be personally defeated, but our principles never. — WM. LLOYD GARRISON

* * *

The man who lets himself be bored is even more contemptible than the bore.

— SAMUEL BUTLER

CNA Executive Meets in Ottawa

JUNE FERGUSON

Thirty-three nursing leaders from across Canada were faced with probably the most difficult decisions that an executive committee has been confronted with in many years, when they met in Ottawa last February. Thirty-six reports, some of which called for great changes within the association, were presented for action.

One such report was that of the Nursing Affairs Committee, in which chairman KATHERINE MACLAGGAN asked for a re-examination of the objects of CNA. She stated that a change in the structure of CNA is now warranted. "The work can no longer be handled exclusively by voluntary committees," she said. "Increasing authority and responsibility within the policy laid down by the executive committee should be delegated to the employed personnel of the association." She also said that authority for the total enterprise of the CNA should be brought under one administration.

The report of the executive director also pointed up the need for a study of the organization. Dr. HELEN MUSALLEM said that during the past year the activities of the association and its national office had increased in an attempt to meet specific demands, but "many activities met in this way do not necessarily result in a move toward reaching desired goals." She felt that a study of the functions of the association and a restructuring of its headquarters could provide a guide whereby the energies expended might be organized and channeled to more effectively meet the objectives of the association. She pointed out that this was no small task, but one with which the executive committee is now concerned.

Her report revealed the scope of activities carried out in the past year. There were approximately 30 committee meetings held in Ottawa, 22 additional meetings attended by CNA secretariat, and 15 major speeches

given by the executive director, in addition to field assignments in Canada and Europe. The association was involved in three submissions to government groups — the National Centennial Administration, the Senate Special Committee on Aging and the Royal Commission on Bilingualism and Biculturalism. She also pointed out that the three special studies — the study of nursing education, the project for the evaluation of the quality of nursing service, and the school improvement program — had all developed as projected at the last executive meeting. These activities, together with the 8.0 per cent increase in membership in the past year, underlined the need to study and expand the programs of national office to serve the association's membership.

The recommendations in these reports were basically the same as those presented by Stevenson & Kellogg, the firm of consultants hired during the year to study the organization and administrative procedures of both the Canadian Nurses' Association and the Canadian Nurse Journal.

Their recommendations included change in the composition of committees and the division of responsibilities and activities between committees and permanent staff. "To be effective," Stevenson-Kellogg said, "organization and procedures must have clear objectives as their genesis." Their first recommendation called for the production of a revised set of objectives for the Canadian Nurses' Association.

They explained that the activities required to accomplish the association's objectives fall into two general areas — those at the corporate level and those at the operating level — and recommended that authority for performing these activities be completely delegated to permanent salaried employees. The executive committee would then operate as a policy-making body and discharge its ultimate responsibility by ensuring that the

actions of the permanent staff conform to promulgated policy. They also recommended that the process of delegation be projected through successive echelons of the permanent staff so that "the power of decision is at the lowest practical level."

The executive committee agreed that authority for the total enterprise of the CNA should be brought under one administration but that a task committee should be set up to study the Stevenson-Kellogg report and develop and plan for step-by-step reorganization based on the implementation or adaptation of those recommendations that seem feasible. It was further agreed that the task committee should present a progress report to the executive committee as soon as possible.

Other decisions made at the four-day meeting were:

That a research project in a Canadian

hospital be initiated by the Canadian Nurses' Association to explore the nursing needs of patients as a basis for estimating staff requirements.

That the extension course in nursing unit administration be endorsed for the year 1964-65 and that further continuance be considered on a year-to-year basis.

That the CNA enter into an agreement with the CHA to assume, on a 50-50 basis, such financial subsidy as may be necessary for the support of the extension course in nursing unit administration.

That the Canadian Nurses' Association report from time to time to the Prime Minister of Canada and his cabinet on nursing and related matters of human welfare as they pertain to Canada and to the international scene.

Though Dr. KASPAR NAEGELE presented a report of his study on nursing education in Canada, it was only an interim one. His full report will be given at the biennial meeting in June.

Many Irons in the Fire

"Legal adviser suggests that CNA approach Minister of National Defence concerning status of male nurse in the Armed Services." "A Special Committee is investigating the possibility of making psychiatric experience a requirement for all students in the province." "Personnel policies revised to up-grade the basic minimum salary of R.N."

These were three of the many issues reported by individual provinces at the annual CNA Executive Committee meeting held in February. The latter, concerning changes in financial remuneration, was mentioned in several of the reports, indicating a general movement toward improvement of the economic welfare of the R.N.

Studies, workshops and institutes concerning staffing patterns and quality and quantity of nursing care, have been held in abundance in most provinces. The emphasis, at present, seems to be concentrated on nursing service, which, for a time, seemed almost overshadowed by nursing education. The latter, however, has not been neglected: Schools of nursing have continued to show enthusiastic support for the CNA School Improvement program; institutes for nurse educators

are being held with large attendance; certain schools of nursing are being set up within the framework of general education; at least one school is recommending a basic nursing course of less than the traditional 36 months.

Many provinces reported an increase in the number and acceptance of loans available for postgraduate study. There seems to be a growing awareness, by all nurses, of the necessity for continued education — both in the university and work settings. This is a healthy sign. It is a must if we are to realize our potential — individually and collectively.

ALBERTA

1. Bylaw passed to allow graduates from outside the province, inactive in nursing but wishing to participate in Chapter activities,

to become registered with associate membership.

2. Provision made for new standing committee, "The Student Nurses' Association of Alberta Advisory Committee." This acts as an advisory and consultant body to S.N.A.A. and provides a liaison between the two associations.

3. Criteria for registration of Canadian and U.S. graduates approved: Applicant required to provide evidence of registration in province or state in which she graduated, successful completion of NLN Test Pool Examinations in Nursing with passing score of at least 350, and competence in nursing. Applicants who have not written NLN examinations are required to submit school of nursing and academic credentials.

4. Basic minimum salary for R.N. in full employment will be \$315 per month, effective April 1, 1964.

5. Loans amounting to \$10,000 have been issued to 18 nurses during past two years.

6. Survey team, appointed by the University of Alberta, visited all schools of nursing in the province and published report last fall.

7. The report of the Nursing Education Survey Committee, chaired by Dr. Scarlett of Calgary, recommended, among other things, that a Provincial Nursing Council be established "to provide for cooperative and coordinated planning and organization, and for licensure of all nursing personnel . . ."

Association members were asked to study this report, and a task committee was set up to prepare a Brief for presentation to the provincial government.

BRITISH COLUMBIA

1. Two-year contracts have been successfully negotiated with 50 hospitals, providing for a basic minimum salary of \$332 for 1964 and \$340 for 1965 with four annual increments of 5%.

2. Institutes held for various groups including nursing service and nursing education.

3. Under the direction of the Department of Continuing Medical Education of UBC, an inservice correspondence course for public health nurses is being offered as well as a course for R.N.'s in obstetrics and a course for doctors and nurses in care of prematurely born infants.

4. A special committee is investigating the possibility of making psychiatric experi-

ence a requirement for all students in B.C. schools of nursing.

5. A *Brochure for High School Counsellors*, which the counsellors helped to prepare, describing nursing education programs, entrance requirements, etc., has been distributed to all high schools in the province.

6. The Joint Committee of the RNABC and the B.C. Hospitals' Association hope to obtain financial assistance to support an NLN study of the staffing patterns in B.C. general hospitals.

7. No indication that the government intends to implement the Practical Nurses' Act. Now an additional problem has arisen: Three new schools for training practical nurses have recently been established in small centres. These schools are not providing clinical instructors; there seems to be little concern as to the adequacy of clinical teaching facilities.

MANITOBA

1. Conferences for directors of schools of nursing held to discuss problems affecting administration of schools of nursing.

2. The emergence of post-surgical and intensive care units in hospitals has greatly reduced the call for private nurses.

3. Institute on Evaluation in Nursing held for instructors and supervisors.

4. The Manitoba Government Nurses Loan Fund loaned \$8,050 to 57 student nurses.

5. Basic minimum gross salary recommended by the Association is \$4,200 a year.

6. The Manitoba Hospital Survey Board has published the second part of its report. Part I concerns "Hospital Facilities;" Part II concerns "Hospital Personnel."

7. In memory of Dr. Isabel M. Stewart, the Association donated \$1,000 to the Canadian Nurses' Foundation.

NEW BRUNSWICK

1. New personnel policies adopted providing for an increase of \$50 per month in the basic salary for the general duty nurse, and proportionate increases for other categories of staff, projected over a three-year period.

2. Two scholarships established by Association (\$1,000 each) to be awarded annually to basic students or to nurses registered in N.B. who are working toward a B.Sc. in nursing.

3. A brochure, "Concepts of Nursing

Care as They Affect Staffing," available without charge from NBARN.

4. Under the Continuing Education Program for Graduate Nurses at the U.N.B. School of Nursing, a one-week institute was held for nursing service personnel on "Quality Nursing Care;" six-week summer school courses in psychiatric nursing and public health nursing also held.

5. Major concerns are the unequal distribution of nursing personnel throughout the province, and difficulty in staffing schools of nursing with qualified faculty.

NEWFOUNDLAND

1. Workshop on "In-service Education" held, with Miss Mary Richmond, as consultant. A "Let's Understand Each Other" workshop had a psychologist as consultant.

2. A Brief pointing out the need for a school of nursing at the Memorial University of Newfoundland was presented to the president of the University.

3. Recommended that the NLN Test Pool Examinations be continued with a minimum acceptable score of 350.

4. Study to be provided to make recommendations for providing the best possible nursing care throughout the province.

NOVA SCOTIA

1. The requirement of psychiatric nursing as a compulsory subject for registration is being studied.

2. Association has approved a four-year program leading to a B.Sc. degree in nursing, at St. Francis Xavier University, Antigonish, in place of the present 5-year program.

3. Consideration is being given to a proposed new program in nursing education of less than 36 months at the Halifax Infirmary.

4. The Nursing Service Committee proposes to conduct a study day or workshop to help answer the question: "Is less than 3.4 hours per patient adequate or how does one decide what is desirable or adequate?"

5. The Board of Registration of Nursing Assistants has approved the establishment of an additional school for nursing assistants at New Waterford.

ONTARIO

1. A five-year experimental program, designed to prepare a nurse at the diploma

level, will be initiated September 1964 at the Ryerson Polytechnical Institute, Toronto, providing the College of Nurses of Ontario approves the course. This project is an application of the concept of bringing basic nursing education diploma programs within the general framework of education.

2. Dr. J. Crispo's study concerning the feasibility and advisability of the Association seeking special legislation leading to the implementation of collective bargaining is now being considered by the Committee on Socio-Economic Welfare.

3. A provide-wide study on nursing has met with enthusiastic response. It is anticipated that a conference of representatives from all parts of the province will be held in 1964.

4. The RNAO legal adviser has suggested that the CNA make representation to the Minister of National Defence concerning the question of discrimination against registered male nurses in the Armed Services.

5. Arrangements have been made with the College of Nurses of Ontario to purchase testing service from the RNAO for the purpose of registration.

6. Project underway to develop standardized objective-type machine-scored examinations for the nursing assistant applying for registration.

PRINCE EDWARD ISLAND

1. The prerequisite for admission to schools of nursing is now Grade XII with an over-all average of 60 per cent.

2. The recommendation that the 40-hour week be implemented for all nursing personnel in hospitals and health agencies has been accepted in principle.

3. A study of medical procedures being performed by nurses resulted in recommendations which were discussed with the Joint Committee on Health Services and sent to all hospitals and agencies.

4. A study of nursing education is being conducted by personnel from CNA.

5. A Nursing Activity Study is being made by Health Insurance Consultants from Dept. of National Health and Welfare.

6. A new categorization of all hospital personnel by the Civil Service Commission and the Hospital Services Commission is having repercussions in hospitals which are struggling to maintain autonomy.

7. Major problems include: the lack of qualified personnel to staff hospitals and



POSEY WAIST RESTRAINT

Offers a comfortable and inexpensive means of keeping patient in wheel chair or bed. Made of heavy washable flannel reinforced with canvas. Cat. No. CWR-1, \$4.50 each. Strong, quick-drying nylon, Cat. No. NWR-1, \$5.55 each.

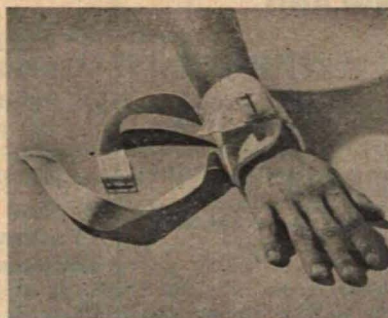
J. T. POSEY COMPANY

2727 E. Foothill Blvd.

Dept. CN

Pasadena, California

SEND YOUR ORDER TODAY



POSEY DISPOSABLE WRIST OR ANKLE RESTRAINT

Consists of strong 1" web strap lined with soft white felt to go around wrist or ankle. Another strap attaches to side rail of spring. Posey Disposable Wrist or Ankle Restraint, Cat. No. 4155, \$7.50 dozen.

schools of nursing; the difficulty in providing adequate nursing care for patients under present budgetary allocations.

QUEBEC

1. The Association has a bill before the legislature to amend the Nurses' Act. One of the important amendments concerns the inclusion of male nurses in the Act.

2. Various institutes and conferences were held in both the French and English languages.

3. Fifty instructors from French-language schools of nursing attended the course organized by the Canadian Defence College. This was the first such course to be conducted entirely in the French language.

4. A two-day bilingual institute on labor relations will be held in the Spring, 1964.

5. Four refresher courses for nurses held, two in French language, two in English language.

6. Nurse consultant appointed to Hospital Insurance Service.

7. Translated Virginia Henderson's booklet *Basic Principles of Nursing Care* into French.

SASKATCHEWAN

1. The revised "Requirements for Approval of schools of nursing and admission to the S.R.N.A." permits schools to plan a basic nursing education program of less than three years with a minimum of two years.

2. By the end of 1964 facilities should be available for all nursing students to receive psychiatric affiliation.

3. A booklet "Criteria on Nursing Service Department" prepared by Committee on Nursing Service.

4. The Nursing Division, Dept. of Public Health, continues to study home care programs. A guide for planning pilot projects for organized home care programs in Saskatchewan Health Regions has been developed.

5. The Joint Committee on Nursing, Medical and Hospital Services met four times, recommending action on various problems submitted by the nurse members. Presently under discussion is the problem of admission of mentally ill and alcoholic patients to general hospitals.

6. Twenty-four R.N.'s received Dominion-Provincial bursaries for postgraduate study. Eleven R.N.'s received financial assistance for study through the S.R.N.A. Loan Fund.

Seminar for Senior Nursing Executives

The School of Nursing of the University of Western Ontario has encountered no more rewarding experience than the response to its first seminar for senior nursing executives, June 1963. Particularly heartwarming has been the sustained enthusiasm expressed by the expert nursing consultants who worked with the faculty in its implementation and by the participants who ex-

THE NATIONAL HOSPITAL, QUEEN SQUARE, LONDON, W.C.1., ENGLAND

(NEUROLOGY AND NEUROSURGERY)
POSTGRADUATE NURSING EDUCATION.

One year courses are open to graduates of accredited Schools of Nursing with good educational background.

Three months academic teaching in the School of Nursing under guidance of Sister Tutor assisted by teaching Staff of Senior Neurologists and Neurosurgeons.

Eight months Clinical experience.

Five weeks vacation.

Certificate and badge of the Hospital awarded to successful Students.

Full graduate salary paid throughout the year.

This work has a special appeal to nurses interested in research and the humanitarian aspect of Nursing.

For prospectus apply to the Matron

CLUB 501

"WHERE THE ELITE MEET"

An exclusive club for unattached
people

WA. 4-1302

or write

501 YONGE STREET, TORONTO
ONTARIO

perienced it. Moreover, follow-up has revealed the many specific and creative ways in which participants have used to advantage, in their employing agencies, the benefits derived.

The program this year, scheduled for June 22 — July 4, incorporates a new approach, but retains much of last year's format. It is designed to appeal both to those who attended last year and who may wish to return and to those attending for the first time. The germinating idea

for the program is found in these words of Norman Cousins:

Like a broken record, the theme that keeps recurring every time I write about education is that we may be educating ourselves for the wrong century. The twentieth century is at least a thousand years beyond the nineteenth in the issues confronting the individual . . . Challenges which formerly belonged to a society as a whole now press in upon the individual. Education did not create these problems, but it certainly has to deal with them.*

The program committee is proud to announce the planned participation of the following experts in the various fields of thought to be explored: R. B. Willis, Vice-President; Dr. O. H. Warwick, Dean of Medicine; Miss R. C. Aikin, Dean of Nursing; Dr. G. H. Turner, Professor of Psychology; J. A. McIntyre, Director of Extension and Summer School; K. J. Duncan, Assistant Professor of Economics and Sociology; C. C. Lundberg, Assistant Professor of Business Administration (all from the University of Western Ontario); Dr. Oswald Hall, Professor of Sociology, University of Toronto; Dr. Beatriz Tuchweber, Research Associate of Dr. Hans Selye, University of Montreal; a representative from the International Council of Nurses.

This specific program gives recognition to the crucial role played by the anticipated seminar participants, the almost inestimable value that can be placed on their contribution to society and their almost limitless sphere of influence. In announcing this Seminar, the Dean and the Faculty of the School of Nursing acknowledge their deep debt of gratitude to the W. K. Kellogg Foundation for again providing the financial support which makes possible this stimulating venture in continuing education for some of Canada's nursing leaders.

*Norman Cousins, "The World, The Individual and Education," *National Education Association Journal*, 49:10, April 1960.

No man, for any considerable period, can wear one face to himself, and another to the multitude, without finally getting bewildered as to which may be the true.

— NATHANIEL HAWTHORNE

EMPLOYMENT OPPORTUNITIES

ADVERTISING RATES

Canada and Bermuda:

\$7.50 for 3 lines or less; \$1.50 for each additional line.

U.S.A. and Foreign:

\$10.00 for 3 lines or less; \$3.00 for each additional line.

Rates for display advertisements on request

All advertisements published in both English and French issues. Closing date for insertion or cancellation orders, TWO MONTHS prior to date of publication.

The Canadian Nurses' Association has not yet reviewed the personnel policies of the hospitals and agencies advertising in the Journal. For authentic information, prospective applicants should apply to the Registered Nurses' Association of the Province in which they are interested in working.

Address correspondence to:

THE CANADIAN NURSE JOURNAL,

1522 SHERBROOKE STREET WEST, MONTREAL 25, QUEBEC

ALBERTA

Director of Nursing (1), Graduate Nurse (1) for small hospital. Salary for Director of Nursing: \$355 to \$400/m. Salary for Nurse: \$315 with 3 annual increments of \$15/m. 40-hr. wk., 3-wk. annual vacation and 9 statutory holidays a yr. Charge for room, board and laundry: \$30/m. Apply to: L. F. Krawchuk, Administrator, Glendon Municipal Hospital, Glendon, Alberta. 1-41-1

Senior Nurse, P.H.N. or B.Sc., preferred. Salary based on L.H.S. 5 scale depending on training and experience. **Staff Nurses (2)** immediately for duties in the Vermilion-Lloydminster-Derwent sectors, P.H.N. or B.Sc., preferred, but R.N.'s considered. Salary based on L.H.S. 5 scale depending on training and experience. Further information and enquiries from: Dr. R. B. Murray, Medical Officer of Health, Minburn-Vermilion Health Unit, VERMILION, Alberta. 1-90-3

Registered Nurses (Immediately) for 100-bed hospital. For full particulars please apply to: The Director of Nursing Service, St. Mary's Hospital, Camrose, Alberta. 1-15-3

Registered Nurse for 30-bed hospital in central Alberta. Salary \$300-\$345 with annual increments. Separate modern residence. Apply to: Director of Nursing, Municipal Hospital, Eckville, Alberta. 1-32-1

Registered Nurses for a busy 51-bed active treatment hospital, situated in east central Alberta. Salary range from \$310-\$355 commensurate with experience. Full maintenance in new nurses' residence for \$30/m, sick leave and pension benefits available. 40-hr. work wk., 21 days annual vacation plus statutory holidays. For further information apply to: Miss Margaret MacIntosh, Director of Nursing, Municipal Hospital, Elk Point, Alberta. 1-34-1

Registered Nurses. Salary: \$330/m. starting to \$375 maximum. For further information contact: Mrs. P. Landry, Administrator, Box 520, Municipal Hospital, Fairview, Alberta. 1-37-1

Registered Nurses (3) for 31-bed active treatment hospital. Salary \$310/m with bi-yearly increments. Residence available. Prefer three recent grads interested in moving together to west central Alberta. Write Administrator, General Hospital, Rimbey, Alberta. 1-77-1

Registered Nurses for General Duty. Staff vacancies in 50-bed General Hospital. Situated on main highway between Calgary and Edmonton. Basic salary \$315/m with increments. experience recognized. Apply: Lacombe General Hospital, Lacombe, Alberta. 1-34-1

General Duty Nurses for modern 60-bed fully accredited hospital situated 70 mi. northwest of Edmonton. Good personnel policies. Residence accommodation. For further particulars apply to: Administrator, St. Joseph's Hospital, Barrhead, Alberta. 1-3-1

General Duty Nurses for well-equipped 76-bed hospital in active town of 3,000. Salary \$315-\$360 for Alberta registered; \$305-\$350 for non-Alberta registered. New separate residence, excellent personnel policies & working conditions. Apply to: Director of Nursing, Brooks General Hospital, Brooks, Alberta. 1-13-1

General Duty Nurses (2) for modern 25-bed hospital on Highway No. 12. Salary range \$340 to \$385. New staff residence. Full maintenance \$35, personnel policies include Blue Cross, M.S.I. and pension plans. 21 days' vacation per year, plus statutory holidays. Apply to the: Director of Nurses, Municipal Hospital, Coronation, Alberta. 1-25-1

General Duty Nurses (2) for 34-bed General Hospital. Salary \$315-\$360/m commencing at \$330 with 1 year practical experience. Full maintenance at \$35/m. Train fare from any point in Canada will be refunded after 1 year employment. Apply to: Municipal Hospital, Two Hills, Alberta. Phone 335. 1-88-1

General Duty Nurses for 54-bed active treatment hospital. Basic salary \$325 with annual \$15 increments to \$370 maximum. Past experience recognized. Perquisites \$35/m in new residence. Good recreational facilities in town situated 120-mi. from Edmonton on daily transportation routes. Apply: Administrator, Wainwright Municipal Hospital, Wainwright, Alberta. 1-94-1

General Duty Nurses for new 90-bed hospital in beautiful small city just outside Edmonton. Excellent working conditions, modern residence and top salaries. Apply: Director of Nursing, Wetaskiwin Municipal Hospital, P.O. Box 340, Wetaskiwin, Alberta. 1-96-1

Graduate Nurses. Salary: \$315 to \$360/m. 5 day, 40-hr. wk., 31 days paid vacation after 12 mo. continuous employment, also generous sick time and pension benefits. For further particulars please apply to: M. Hawkes, R.N., Superintendent of Nurses, Municipal Hospital, Drumheller, Alberta. 1-31-2

Graduate Nurses (4) for Provost Municipal Hospital, PROVOST, Alberta. (34 beds, 6 bassinets) for General Duty, starting basic salary \$335/m. 3 yearly increments of \$15 — first increment added for one year or more previous experience. Rotating shifts — good residence available. Apply: Mrs. E. Lindsay, Matron, P.O. Box 270, PROVOST, Alberta. 1-73-1

Public Health Nurses for the City of Edmonton, commencing July or August 1964. Salary \$4,140 - \$4,980 over five years. Generalized program, 5-day-wk., vacation, sick leave and retirement plan. Forms of application may be obtained from Mr. G. B. Lawrence, Secretary, Local Board of Health, 770 City Hall, Edmonton, Alberta. 1-33-14

NURSES fully qualified for 30-bed active treatment hospital. New hospital building and recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, Municipal Hospital, Bassano, Alberta. 1-5-1

BRITISH COLUMBIA

Director of Nursing Services required in the Fall for a very modern, very active 32-bed hospital with an expansion project under way; the hospital is in a small town within 1-3/4 hours drive on the Trans-Canada Highway from Victoria, B.C. Applicants with previous supervisory experience given preference, salary commensurate with qualifications and experience; all applications will be held in the strictest confidence. Please address applications or requests for further information, under personnel heading, to: Mr. Ian Peddie, Administrator, Ladysmith & District Hospital, Ladysmith, British Columbia. 2-37-1

Clinical Instructors for Pediatrics, Urology and General Surgery in 450-bed hospital conducting a school of nursing with 190 students. Postgraduate preparation essential. Degree preferred. Current RNABC personnel policies in practice. Apply: Director of School of Nursing, St. Joseph's Hospital, Victoria, British Columbia. 2-76-5

Operating Room Head Nurse (Experienced, June 1st) with postgraduate course for modern accredited 82-bed hospital. Salary: \$381-\$460 according to experience plus RNABC allowance for postgraduate course. Accommodation available, 10 statutory holidays, 4-wk. vacation, superannuation and medical plan coverage. Apply: Director of Nursing, General Hospital, Kitimat, British Columbia. 2-36-1A

HEAD NURSE for small, active psychiatric unit in a General Hospital, associated with district Mental Health Clinic. University preparation desirable. Position open August first. For further information apply to: Director of Nursing, Kelowna General Hospital, Kelowna, British Columbia. 2-34-1

Head Nurse, male or female, for active Operating Room Unit. Postgraduate training required. Good personnel policies; residence accommodation available (female). Apply to: Director of Nursing, Trail-Tadnanac Hospital, Trail, British Columbia. 2-72-1

Registered or Graduate General Duty Nurses for active 25-bed hospital. Salary B.C. registered \$320 to start. Unregistered \$305. RNABC personnel policies in effect, nurses' residence available. Apply: Administrator, Lady Minto Hospital, Ashcroft, British Columbia. 2-4-1

Registered Nurses or Graduate Nurses for 75-bed hospital opened in September 1962. Salary B.C. registered nurse \$332-\$404; salary non-registered nurse \$317, RNABC policies in effect. Very active town in Cariboo Ranching country. Apply: Director of Nursing, Cariboo Memorial Hospital, Williams Lake, British Columbia. 2-80-1

General Duty Nurses (2) for 30-bed active hospital (Accredited) BCRNA policies in effect. Apply: Director of Nursing, Creston Valley Hospital, Creston, British Columbia. 2-16-1

General Duty Nurses for active 30-bed hospital. RNABC policies and schedules in effect also Northern allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia. 2-23-1

GENERAL DUTY NURSES with B.C. registration for active 200-bed General Hospital with School of Nursing. Large expansion program under way. Personnel policies, including salary, in accordance with RNABC contract for 1964. Apply to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia. 2-32-1

General Duty Nurses for fully accredited 82-bed hospital in northwestern B.C. 1964 salaries: B. C. Registered \$347-\$419, Non-Registered \$332. Room and board \$50/m, 10 statutory holidays, 1 1/2 days sick leave, 4-wk. vacation, Superannuation and Medical Plan coverage. Apply to: Director of Nursing, General Hospital, Kitimat, British Columbia. 2-36-1

General Duty Nurses for summer vacation relief and for full time, in all departments of modern hospital located in a very active community. Starting basic salary: \$332 for B.C. Registered and \$317 for non-B.C. Registered. RNABC personnel policies in effect. Planned rotation. Rooms available in nurses' residence at \$26/m. Apply to: Director of Nursing, Prince George Regional Hospital, Prince George, British Columbia. 2-57-1

NURSING WITH

Medical Services Directorate



REGISTERED HOSPITAL NURSES
PUBLIC HEALTH NURSES
AND
CERTIFIED AUXILIARY NURSES

For service to Indians across Canada, Eskimos and the population of the Yukon and Northwest Territories.

Those interested in positions at the following locations should write to: Fisher River Hospital, HODGSON, MAN.; Miller Bay Hospital, PRINCE RUPERT, B.C.; Moose Factory Hospital, MOOSE FACTORY, ONT.; Norway House Hospital, NORWAY HOUSE, MAN.; Sioux Lookout Indian Hospital, SIOUX LOOKOUT, ONT.; Nanaimo Indian Hospital, NANAIMO, B.C.

Information on these and other positions is available from Medical Services Directorate, Department of National Health and Welfare, in Vancouver, Edmonton, Regina, Winnipeg, Ottawa and Quebec, or from the

Director, Personnel Services,

DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—B.C. registered \$347-\$419, non-registered \$332. Newly furnished residence with T.V. Good social activities, including bowling, curling, tennis and year-round swimming. Full personnel benefits including travel allowance. Apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia. 2-58-2

General Duty Nurses for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathryn and Hudson Bay Glacier. Initial salary \$335, maintenance \$50, 40hr. 5-day wk., 4-wk vacation. Boating, fishing, swimming, golfing, curling, skating, skiing. Comfortable nurses' residence, rail fare advanced if necessary. Apply: Sacred Heart Hospital, Smithers, British Columbia. 2-73-13

General Duty Nurses for active 40-bed hospital. Salary in accordance with RNABC contract for 1964. Nurses' residence available. Also Laboratory Technician. Apply to: Administrator, St. John Hospital, Vanderhoof, British Columbia. 2-74-1

General Duty and O.R. Nurses with postgraduate course or equivalent experience required for 146-bed General Hospital. Personnel policies in accordance with RNABC. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia. 2-13-1

General Duty, Operating Room & Experienced Obstetrical Nurses for 434-bed hospital with school of nursing. Salary: \$332-\$404. Credit for past experience & postgraduate training. 40-hr. wk. Statutory holidays. Annual increments; cumulative sick leave; pension plan; 28-days annual vacation; B.C. registration required. Apply: Director of Nursing, Royal Columbia Hospital, New Westminster, British Columbia. 2-73-13

General Duty Graduate Nurses (2) for June or July. 31-bed General Hospital in the sunny interior of B.C. Salary: \$350/m with 28 days annual vacation and 10 statutory holidays. Full board and room in TV equipped residence: \$50/m with free uniform laundry. Apply: Director of Nursing, Princeton General Hospital, Princeton, British Columbia. 2-59-1

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic rate \$332/m with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia. 2-9-1

If you're a **Graduate Nurse** we would like to have you join our nursing staff either as a permanent staff member or for summer vacation relief. We have a 50-bed hospital, with staff residence, 35-mi. from Vancouver — good bus service. Apply: Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia. 2-44-1

GRADUATE NURSES for 31-bed hospital. Salary \$335 for B.C. registered; \$10 less for Non-Reg. Lodging close in — \$12.50/m. Travel from Vancouver refunded after 6 mo. Interesting social advantages. Applications to: Secretary-Treasurer, General Hospital, Box 640, Ocean Falls, British Columbia. 2-49-1

Graduate Nurse for opening in 19-bed hospital located at Port Alice, B.C. This attractive opening is in a modern community with full recreational facilities. Top salary offered. NO DEDUCTION for room and board. For interview and information please write: RAYONIER CANADA (B.C.) LIMITED, 1111 W. GEORGIA STREET, VANCOUVER 5, B.C. 2-73-24

Graduate Nurses and Certified Nursing Assistants for 70-bed acute General Hospital on Pacific Coast. Salary for Graduates in accordance with RNABC scale with credit for experience; Nursing Assistants \$214-\$246. Board and room \$25/m; 4-wk. vacation after 1-yr. Superannuation and medical plans. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia. 2-2-1

Operating Room, Obs. and General Duty Nurses for modern 450-bed hospital with a school of nursing. RNABC policies in effect. Salary \$332/m. Credit for past experience and postgraduate training. 40-hr. wk., 10 statutory holidays. Annual increments, cumulative sick leave, pension plan, 28-day annual vacation. B.C. registration required. For particulars write to: Director of Nursing Service, St. Joseph's Hospital, Victoria, Vancouver Island, British Columbia. 2-76-5

Nurses two for 30-bed hospital. Salaries as per B.C. Registered Nurses' agreement. Comfortable nurses' home. Apply to: Miss H. Campbell, R.N., Director of Nursing, Community Hospital, Grand Forks, British Columbia. 2-27-1

ENGLAND

Staff Nurses required full-time in all wards and departments in a busy General Hospital. Please apply to: Matron, MEDWAY AND GRAVESEND HOSPITAL MANAGEMENT COMMITTEE, ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER, KENT, ENGLAND 14-3-1

Theatre Pupil Courses commencing March, May, July, September, November. 4 or 6 mo. course giving experience in Major and Minor surgery and accident work. Applications to: Matron, MEDWAY AND GRAVESEND HOSPITAL MANAGEMENT COMMITTEE, ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER, KENT, ENGLAND. 14-3-1A

MANITOBA

INSTRUCTORS in Fundamentals in Nursing, Medical-Surgical Nursing, and Obs. Nursing. 150-bed hospital planning expansion to 250 beds. Apply to: Director, School of Nursing, Victoria General Hospital, Winnipeg, Manitoba. 3-72-11

Registered Nurses (2) for small General Hospital. Salary range \$340-\$390, accommodation available at \$45, good personnel policies. Contact: Administrator, Benito Hospital, Benito, Manitoba. 3-6-1

Registered Nurses for 12-bed hospital. Salary: \$340/m. plus \$16 increment after 6 mo. service, plus free room and board. Group insurance, medical hospital and pension plans available. For further particulars apply to: Personnel Manager, Sherritt Gordon Mines Limited, Lynn Lake, Manitoba. 3-33-1

Registered Nurse with supervisory experience to assume duties of Director of Nursing, of a 25-bed hospital, 30-mi. from Winnipeg. Salary range \$370-\$415. Quarters available. For more detailed information write: Administrator, DeSalaberry District Hospital, St. Pierre, Manitoba. 3-53-18

ONTARIO SOCIETY for CRIPPLED CHILDREN

*presents a challenge
to Public Health Nurses*

Applicants must have at least two years experience in a generalized public health program, preferably in Ontario.

INTERESTING AND CHALLENGING PROFESSIONAL SERVICES INCLUDE:

- * rehabilitation of crippled children
- * counselling of children and parents
- * working with official health agencies

New attractive salary schedule with excellent benefits. Car provided. Pre-service training with salary.

Apply in writing to:

MISS MARGARET MacMILLAN,
Reg.N.,
Supervisor, Nursing Service,
350 Rumsey Road,
Toronto 17, Ontario.



Timmy's friends need the help that YOU, as a District Nurse of the Society, could provide.

Registered Nurses (2) for 25-bed hospital, 30-mi. from Winnipeg. Commencing salary \$325, 40-hr. wk., vacation pay, pension plan, 10 statutory holidays, sick leave with pay. \$5.00 increment every 6-mo. Apply to: Administrator, DeSalaberry District Hospital, St. Pierre, Manitoba. 3-53-1C

Registered Nurses (4), Practical Nurses (8) for Aug. 1964 for new 50-bed hospital. Salary: R.N.'s, \$320-\$365, L.P.N.'s, \$220-\$250. 40-hr. wk., 3-wk. vacation, 9 stat. holidays. Room and board, \$45/m. Modern residence. Apply: Matron, Pine Falls General Hospital, Pine Falls, Manitoba. 3-44-1

Registered Nurses (3) Licenced Practical Nurses (2) for 32-bed fully modern hospital, salary \$320 and \$225 respectively, 50/m for full maintenance in residence, 40-hr. wk., 3-wk. vacation after one year. Fringe benefits include life insurance, pension plan and medical services. Personnel policies supplied on request. For further information write or phone 180 collect to: Mrs. E. Sims, Superintendent, Roblin District Hospital, Roblin, Manitoba. 3-48-1

Registered and Practical Nurses (immediately) for 18-bed hospital at Vita, Man., 70-mi. from Winnipeg. Starting salary, R.N. \$330 - L.P.N. \$225, with allowance for experience. Daily bus service. 40-hr. wk., full maintenance available for \$50/m. Apply to: Matron, District Hospital, Vita, Manitoba. 3-68-1

Registered General Duty Nurses (2). Immediately, for fully modern 20-bed hospital. Salary: \$330/m. 40 hr. wk. Increments of \$5.00 every 6 mo. for 8 increments. Full maintenance available at the hospital for \$45/m. For further information and application form apply to: Mrs. Olive Campbell, Matron, Hunter Memorial Hospital, Teulon, Manitoba. 3-63-1

General Duty Nurses (3) for new 85-bed hospital. Good salary and generous personnel policies. Apply: Director of Nursing, Portage Hospital District No. 18, Portage La Prairie, Manitoba. 3-45-1

General Duty Nurses (2) and L.P.N. (1) immediately for 17-bed hospital. Starting salary for R.N.'s \$320-\$360; L.P.N. \$220-\$260/m. Increments every 6-mo. Jan. and July. Board and room \$50 single, \$45 double room. 40-hr. wk., pension plan in effect and M.M.S. benefits. Apply: Matron, Grandview District Hospital, Grandview, Manitoba. 3-29-1

NEWFOUNDLAND

Registered Nurses for General Duty and Operating Room for 100-bed hospital. Newfld. Gov't. salary plus \$150 bonus end of 6-mo. service. One way transportation paid, 2-wk. vacation after completion of 1-yr. 8 statutory holidays. Apply: Nurse-in-Charge, Notre Dame Bay Memorial Hospital, Twillingate, Newfoundland. 5-13-1

NOVA SCOTIA

Registered Nurses for 21-bed hospital in pleasant community — Eastern Shore of Nova Scotia. Apply: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbour, Nova Scotia. 6-32-1

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia. 6-21-1

ONTARIO

DIRECTOR OF NURSING EDUCATION for 215-bed accredited hospital — 100 students — University preparation and experience required, degree preferred. Good personnel policies, position available June, 1965. Apply to: Administrator, Royal Victoria Hospital, Barrie, Ontario. 7-8-2

Supervisor, Public Health Nursing. Generalized program in rural-urban county of 53,000 people. Direct inquiries, including qualification, experience and salary expected to: Dr. R. M. Aldis, Huron County Health Unit, Goderich, Ontario. 7-51-2

In-service Education Co-ordinator for in-service and orientation program. Baccalaureate Degree preferred. Experienced Operating Room Head Nurse for 5-theatre operating room suite. Modern 230-bed General Hospital with a school of nursing. Excellent personnel policies. Salary will be commensurate with qualifications and experience. Apply to: Director of Nursing Service, St. Joseph's General Hospital, Port Arthur, Ont. 7-106-2

Registered Nurses for new 65-bed hospital. Resort area. Salary range: \$315/m. Up-to-date personnel policies. Apply: Director of Nurses, South Muskoka Memorial Hospital, Bracebridge, Ontario. 7-15-1

Registered Nurses for Surgical, Medical, Pediatric, Obstetrical, Departments and Operating Room, required by 100-bed General Hospital, situated in Northern Ontario. Starting salary \$360, annual increments, good personnel policies, including 40 hours per week. O.H.A. pension plan and group life insurance, O.H.S.C. and P.S.I. plans in effect. Accommodation available in residence if desired. For further particulars apply to: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario. 7-30-1

Registered Nurses for 34-bed hospital, min. salary \$350/m. — max. of \$450 in five years, 3-wk. vacation with pay sick leave after 6-mo. service. **All Staff** — 5-day 40-hr. wk., 9 statutory holidays, pension plan & other benefits. Apply to: Superintendent, Englehart & District Hospital, Englehart, Ontario. 7-40-1

Registered Nurses for modern 55-bed General Hospital, 40-hr. wk., 8 statutory holidays, excellent personnel policies and opportunity for advancement. Resort town on Lake Huron. Apply: Director of Nursing, General Hospital, Kincardine, Ontario. 7-65-1

Registered Nursing Assistants for well-equipped 42-bed General Hospital located in area known for its wealth of natural resources. The sports-minded person has unlimited activities to enjoy. Starting salary: \$230/m. Excellent personnel policies. Accommodation available in well-furnished nurses' residence. For further information please phone or write: The Director of Nursing, Sioux Lookout General Hospital, P.O. Box 909, Sioux Lookout, Ontario. 7-119-1

Registered Nurses for 47-bed hospital. Minimum salary: \$340, 3-wk. vacation, pension, life and medical insurance. 8 statutory holidays, 40-hr. wk. Apply to: Director of Nurses, Porcupine General Hospital, South Porcupine, Ontario. 7-123-1

THE HOSPITAL FOR SICK CHILDREN



YOU RECEIVE THE ADVANTAGES OF:

- ★ FIVE-WEEK ORIENTATION PROGRAM FOR NEW STAFF
- ★ ONGOING INSERVICE EDUCATION FOR NURSES
- ★ EXTENSIVE STUDENT EDUCATION PROGRAM
- ★ RESEARCH INSTITUTE

**APPLICATION FOR GENERAL DUTY POSITIONS INVITED
FOR INFORMATION CONTACT:
THE DIRECTOR OF NURSING**

555 UNIVERSITY AVENUE, TORONTO, CANADA

Registered Nurses for 25-bed hospital. Minimum salary: \$350 with allowance for experience. Registered Nursing Assistants, minimum salary: \$250 with allowance for experience. Excellent fringe benefits. Board and room available in residence: \$45/m. Apply to: Mrs. G. Gordon, Superintendent, Nipigon District Memorial Hospital, 98 Churchill St., Nipigon, Ontario. 7-87-1

Registered Nurses and Registered Nursing Assistants for well equipped 75-bed hospital in progressive town of 6,500, situated midway between Winnipeg and the Canadian Lakehead. Basic wage Reg.N., \$330 and Reg. N.Ass'ts, \$230/m with single room accommodation available in modern nurses' residence. Excellent personnel policies. For further information, please phone or write: The Director of Nursing, Dryden District General Hospital, Dryden, Ontario. 7-36-1

Registered Nurses, Certified Nursing Assistants (IMMEDIATELY) for 40-bed hospital in pleasant town of 5,000 42-hr. wk. with good rotation shifts, providing long weekends every 4 wks. Good salaries and personnel policies. For further details and application, apply: Administrator, General Hospital, Espanola, Ontario. 7-41-1

Registered Nurses and Certified Nursing Assistants for 160-bed accredited hospital. Starting salary \$350 and \$240 respectively with regular annual increments for both. Excellent personnel policies. Residence accommodation available. Assistance with transportation can be arranged. Apply to: Director of Nursing, Kirkland & District Hospital, Kirkland Lake, Ontario. 7-67-1

Registered Nurses and Certified Nursing Assistants for immediate and future vacancies in this 42-bed hospital. Starting salaries \$335 and \$225, respectively. Accommodation in new residence available. Usual fringe benefits. For full information, apply to: Director of Nursing, New Liskeard and District Hospital, New Liskeard, Ontario. 7-83-1

Registered Nurses for General Duty in well-equipped 28-bed hospital, located in growing gold mining and tourist area, north of Kenora, Ontario. Modern residence with individual rooms; room, board and uniform laundry only \$45. 40-hr. wk., no split shift, cumulative sick time, 8 statutory holidays and 28 day paid vacation after one year. Salary range \$350 - \$375. Apply to: Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario. 7-29-1

Registered Nurses for General Duty in all departments including premature and new-born nursery, Isolation, Emergency, Recovery Room, and Intensive Care Unit. Good salary and personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario. 7-73-10

Registered Nurses for General Duty for well-equipped 42-bed General Hospital located in area known for its wealth of natural resources. The sports-minded person has unlimited activities to enjoy. Salary range \$325 to \$365 with increment for experience. Excellent personnel policies. Accommodation available in well furnished nurses' residence. For further information please phone or write: The Director of Nursing, General Hospital, P.Q. Box 909, Sioux Lookout, Ontario. 7-119-1

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80,000 people. Salary: \$335 per mo., with annual merit increments, plus annual bonus plan, 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, Sudbury, Ontario. 7-127-4

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario. 7-120-2

Registered Nurses for Operating Room, Medical, Surgical and Obs. Dept.'s. Excellent personnel policies. Salary commensurate with education and experience. Apply to: Director of Nursing, Strathroy Middlesex General Hospital, Strathroy, Ontario. 7-125-1

General Duty Registered Nurses for 90-bed hospital situated in the Ottawa Valley. Good salary, many benefits. Apply to: Director of Nursing Service, St. Francis General Hospital, Smiths Falls, Ontario. 7-120-1

General Duty Nurses for 66-bed General Hospital. Starting salary: \$335/m. Excellent personnel policies, pension plan, life insurance, etc., residence accommodation. Only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario. 7-45-1

General Duty Nurses for modern 100-bed hospital. Registered Nurses \$325-\$355/m, Graduates \$285-\$325/m, 40-hr. wk., benefits include accident, sickness and life insurance, hospital and medical insurance plans, & OHA Pension Plan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario. 7-69-1

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; \$325/m basic salary. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario. 7-131-1

General Duty Nurses for 325-bed fully accredited General Hospital located in downtown area of city. Planned orientation program. Progressive personnel policies. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment. 40-hr. wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, Meaford, Ontario. 7-79-1

Graduate Registered Nurses for floor duty, Head Nurse with Unit Administration training, (Female) for 70-bed active and Chronic Hospital in resort area. Starting salaries on regional basis, excellent personnel policies. Apply: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario. 7-59-1

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, ear, eye, nose and throat and orthopedic surgery. Good salary and personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario. 7-73-10A



YOU FEEL THE IMPORTANCE
OF NURSING... AT ...

COOK COUNTY HOSPITAL

It emphasizes the vital part the nurse plays
in the modern world of medicine... and
in addition offers
you extremely liberal
employment ben-
efits. Our staff
nurses start at....

\$420⁰⁰ Mo.

MAIL THIS COUPON for INFORMATION

Personnel Manager Box 426

Cook County School of Nursing

1900 West Polk Street, Chicago 12, Illinois

NAME _____

ST. ADDRESS _____

CITY _____ STATE _____



- Public Health Nurses (Qualified)** for an urban-rural Health Unit. Salary range: \$4,000 to \$4,950, annual increment: \$200 with allowance for experience. Apply: Director of Public Health Nursing, Simcoe County Health Unit, Court House, Barrie, Ontario. 7-8-3
- Public Health Nurses (qualified)** for general program. Salary range \$3,900 to \$4,800. 5-day-wk., 1-mo. vacation, car allowance, pension plan, 50% hospitalization, P.S.I. Apply to: Dr. E.A. Dunton, Director, Brant County Health Unit, Aberdeen Avenue, Brantford, Ontario. 7-17-4
- Public Health Nurses** for generalized program. Minimum salary: \$4,000 with allowance for previous experience and annual increments. Cumulative sick leave plan. Hospitalization, P.S.I. and Pension Plan available. Liberal transportation allowance and holidays. Apply to: A. E. Thoms, M.D., Director, Leeds and Grenville Health Unit, Brockville, Ontario. 7-18-4
- Public Health Nurses (Qualified)** for generalized program, by Stormont, Dundas and Glengarry Health Unit located in the Seaway Valley area. Minimum salary \$4,000. Annual increment. Allowance for experience. 5-day wk. Employer-shared (50-50) group insurance, portable OMERS pension plan, Ontario Hospital Insurance and P.S.I. coverage (medical, surgical and obstetrical plan). 3-wk. vacation, cumulative sick leave credits, one-half paid as bonus upon leaving after 3-yr. service. Generous car allowance. Reply in writing to: Dr. John A. Thomson, Medical Officer of Health, Box 1058, Cornwall, Ontario. 7-34-5
- Public Health Nurse(s) (Qualified)** for a generalized program in Etobicoke Township. Minimum salary: \$4,355. Car allowance: \$670 per annum, 4-wk. vacation after 1 yr. Usual employee benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 550 Burnhamthorpe Road, Etobicoke, Ontario. 7-41-2
- Public Health Nurses (qualified).** Salary range \$4,000-\$5,200. Car allowance, employer shared pension plan and other benefits. Apply to: Mr. Allan F. Stewart, Secretary-Treasurer, Wentworth County Health Unit, Court House, Hamilton, Ontario. 7-55-14
- Public Health Nurse (bilingual)** for health unit in rural Ontario. Minimum salary \$3,800. Car allowance, pension plan, group insurance. For further information, please write: Dr. R. G. Grenon, Unité Sanitaire, Prescott & Russell, l'Orignal, Ontario. 7-73-14
- Public Health Nurses (Qualified)** for generalized program in a highly urbanized and rural area. For personnel policies and further information apply to: Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario. 7-81-2
- Public Health Nurses (Qualified).** Salary range \$3,850 - \$4,600, required in a generalized program in rural and semi-urban area adjacent to Metropolitan Toronto. Excellent working conditions including pension plan, group insurance, and transportation arrangements. Write: Dr. R. M. King, York County Health Unit, 64 Bayview Avenue, Newmarket, Ontario. 7-84-2
- Public Health Nurse (Qualified)** for generalized program in small city health department. Salary: \$4,000 to \$5,000, P.S.I., 5-day wk., generous car allowance, 1-mo. vacation, accumulative sick leave. Apply to: Dr. A. S. Middlebro', Owen Sound Department of Health, 100 - 8th Street, East Owen Sound, Ontario. 7-94-2
- Public Health Nurses for general program.** Salary range \$4,200 to \$4,900. Personnel policies include car expense allowance, OMERS pension plan, group insurance, 50% of P.S.I. and hospital insurance, liberal allowance for experience. Apply to: Dr. G. L. Anderson, Director, The Lambton Health Unit, 333 George Street, Sarnia, Ontario. 7-114-3
- Public Health Nurses (2)** for generalized public health program. Minimum salary \$4,100 plus allowance for experience, 4-wk. vacation. Car allowance, pension plan, hospitalization, P.S.I., and Group Insurance available. Apply stating qualifications to: Dr. W. K. G. Allan, Director and Medical Officer of Health, Norfolk County Health Unit, Box 247, Simcoe, Ontario. 7-118-2
- Public Health Nurse (Qualified - Catholic).** Minimum salary: \$4,236. Annual increments. 5-day wk.; 4-wk. vacation; \$100 uniform allowance; pension; P.S.I. Apply: Director, St. Elizabeth Visiting Nurses' Association, 99 Gloucester Street, Toronto 5, Ontario. Telephone: 925-8907. 7-133-60
- PUBLIC HEALTH NURSE** for generalized program with the Bruce County Health Unit. Minimum salary \$3,900 with adjustments for experience, pension, surgical medical, group insurance and cumulative sick leave plans available. Car provided, or optional choice of mileage plans. Apply to: T. H. Alton, Sec.-Treas., Bruce County Health Unit, P.O. Box 70, Walkerton, Ontario. 7-138-2
- Public Health Nurse (qualified)** for generalized program in City of Waterloo. Annual increments, fringe benefits and allowance for experience. Apply to: Dr. P. A. Voelker, M.O.H., 39 Albert St., Waterloo, Ontario. 7-150-1
- Public Health Nurses** for an expanding generalized program. Salary schedule, \$4,000-\$4,900, with starting salary being based on experience. Personnel policies include car mileage allowance, O.M.E.R.S. pension plan, group insurance, family coverage under Windsor Medical Services, hospitalization, a 3-wk. vacation, accumulative sick leave and other benefits. Nurses already qualified in public health or those qualifying this year are invited to send applications to: Dr. J. Howie, Director, Metropolitan Windsor Health Unit, 2090 Wyandotte Street East, Windsor, Ontario. 7-145-8
- Public Health Nurse for general staff duties.** Basic salary: \$4,200 with adjustment for experience. Personnel policies include employer shared Ontario Hospital Services, Windsor Medical and OMERS plan. Apply stating qualifications and experience to: Dr. W. H. Johnston, Medical Officer of Health, Department of Health, Chatham, Ontario. 7-24-3
- STAFF NURSES FOR 220-BED ACCREDITED HOSPITAL** with School of Nursing. Salary \$325. Preference for any particular service given every consideration. Post-Basic Certificates recognized. Usual personnel benefits, plus proximity to Ottawa, Montreal and Northern New York State. Apply: Assistant Director of Nursing (Service), General Hospital, Cornwall, Ontario. 7-34-1

BERMUDA

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 150-bed hospital. Travel allowance paid. For particulars, write: Matron, King Edward VII Memorial Hospital, Bermuda. 13-1-18

TO: Registered Nurses

FROM: Director of Nursing

Ours is a progressive Psychiatric Ward in a Pediatric Hospital setting, with 14 patients ages 4 to 16 — blending a variety of Psychiatric conditions.

The nurse, in a warm homelike setting "lives" with the child through daily activities, participating with him in seasonal sports and community events. Close association with the Social Worker, Occupational Therapist, Psychiatrists, Teachers and Nursing co-workers, provides learning opportunities and guidance for the creative nurse to develop skill in helping the child establish meaningful relationships.

Are you interested?

Send your application to:

**THE DIRECTOR OF NURSING,
MONTREAL CHILDREN'S HOSPITAL,
2300 Tupper Street, Montreal 25, Que.**

QUEBEC

NURSING INSTRUCTORS for large Nursing Assistant program. Apply, giving full particulars of training etc. to: The Director of Nursing Education, Verdun Protestant Hospital, 6875 LaSalle Blvd., Verdun, Quebec. 9-47-44

Assistant Head Nurses and Certified Nursing Assistants for 60-bed children's orthopedic hospital. Excellent personnel policies. Apply: Miss Flora M. Lamont, Reg.N., Administrator, Shriners Hospital for Crippled Children, 1529 Cedar Avenue, Montreal 25, Quebec. 9-47-42

SASKATCHEWAN

Registered Nurses with duties to commence as soon as possible. Salary range \$315 - \$375/m, 40-hr. wk., new modern fully air-conditioned hospital to be opened in June 1964. Accommodations available in new nurses' residence. Apply stating qualifications to: Miss E. Sparks, Director of Nursing, Union Hospital, Rosetown, Saskatchewan. 10-111-1

Registered Nurses for the Riverdale Memorial Union Hospital at Turtleford, Sask. Salary as recommended by SRNA. Excellent personnel policies in effect, nurses' residence located near the hospital, board and room available. The R. Memorial Union Hospital is a 20-bed hospital, modern throughout, good equipment and facilities, a further addition and a large renovation program has been approved. The hospital has two Doctors on staff, a clinic is situated near the hospital providing services such as Dentist, Physiotherapy, Optometrist etc. Turtleford is a modern Village situated 50-mi. from North Battleford with daily bus service to N.B. and Saskatoon. Surrounded by a number of resorts. Please apply to: Sec.-Manager, R.M. Union Hospital, Turtleford, Saskatchewan. 10-125-1

Registered Nurses for modern 24-bed hospital. Established personnel policies. Pension plan. Salary range \$310 - \$387 with yearly increments. Adjustment to starting salary made for previous experience. Apply: Miss M. Stang, Director of Nursing, Union Hospital, Wakaw, Saskatchewan. 10-131-1

Graduate Nurses for all departments. Modern 160-bed fully accredited hospital in attractive city, population 13,000. Nurses' residence built in 1958 in open landscaped area with tennis court and skating rink. Good salary scale and personnel policies. Applications to be forwarded to: The Director of Nursing, Union Hospital, Swift Current, Saskatchewan. 10-122-1

U.S.A.

Registered Nurse (Scenic Oregon vacation playground, skiing, swimming, boating and cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at \$387. Pay differential for nights and evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland, 97201, Oregon. 15-38-1

Registered Nurses for modern 374-bed General Hospital on the beautiful, warm Peninsula yet only 20-min. from the heart of cosmopolitan San Francisco. Openings in all nursing services including operating room, emergency room, and I.C.U. Excellent personnel policies, many extra benefits and opportunities for advancement. Telephone collect, OXford 7-4061 or write: Director of Personnel, Peninsula Hospital, 1783 El Camino Real, Burlingame, California. 15-5-20

Registered Nurses. Career satisfaction, interest and professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational and cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! Staff Nurse entrance salary \$395 with automatic increase to \$455 per mo., supervisory positions at increased rate. Special area and liberal shift differentials paid. Excellent benefits including Blue Cross hospitalization and surgical coverage and liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California. 15-12-12

Registered Nurses for 80-bed County Hospital in Imperial Valley, southern Calif. Salary range \$375-\$440. Effective July 1, 1964, \$395-\$489. Liberal benefits include 3-wk. vacation 1st year. Ideal climate — No smog or fog. Write: Personnel Department, County of Imperial, El Centro, California. 15-5-21

REGISTERED NURSES Positions available at Olive View Hospital, located in Southern California, near Los Angeles. A 800-bed specialized medical facility offers experience in medical, surgical and tuberculosis nursing. Individual orientation program planned as needed. Beginning salary \$450/m. Bonus approximately \$30/m for evening or night duty. The Los Angeles County Civil Service Commission invites you to write to: Margaret Drinnon, R.N., Director of Nursing, Box 501, Olive View, California 91330. 15-5-55

Registered Nurses for private 278-bed hospital for men, women and children. Staff Nurse salaries from \$400-\$465, differentials for evenings and nights. Opportunities in all clinical areas. Holidays, vacations, sick leave, life insurance and health insurance. California registration required. Applications and details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California. 15-5-4

Registered Nurses for 233-bed modern hospital. Positions available — all services, no shift rotation. Liberal benefits, advancement opportunities, educational opportunities in area, equal opportunity employer. Apply: Director of Nursing Service, Kaiser Foundation Hospitals, San Francisco 15, California. 15-5-7

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary \$375 per mo. plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California. 15-5-39

Registered Nurses, Staff Nurses for permanent positions, various departments, days, evs., nights. Excellent starting salary, increments, benefits and working conditions in one of the largest and finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California. 15-5-36

DIRECTOR OF NURSING EDUCATION

AT THE

STRATFORD GENERAL HOSPITAL, STRATFORD, ONT.

The present Director of Nursing is retiring about the middle of the year after being with the hospital for 20 years. We would like to appoint a successor before the end of June.

The Director of Nursing is fully responsible for the Nursing Service, and the School of Nursing through the Director of Nursing Education.

We have just completed an expansion and renovations programme which gives us 209 active treatment beds. All service departments have been modernized and enlarged to take care of another 60 beds when these are required.

The old hospital, connected by a tunnel to the new hospital, was completely renovated in 1955, and accommodates 105 chronic and convalescent patients.

There is no need to extol the beauties of Stratford, which has achieved world renown through its annual Shakespearean Festival.

The hospital offers excellent personnel policies including membership in the Hospitals of Ontario Pension Plan, Group Life Insurance, and P.S.I. Blue Plan. The hospital is fully accredited.

Applicants who should have their B.Sc. (Nursing) and a wide experience in hospital administration, should address their applications, together with biographical details to:

**MR. J. L. BATEMAN, SUPERINTENDENT,
GENERAL HOSPITAL, STRATFORD, ONTARIO.**

ATTENTION! GENERAL DUTY NURSES 297-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches & mountains resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., pd. vacation, pd. holidays, pd. sick leave, retirement plan, social security & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary \$395 per mo., plus shift and service differentials. Merit increases to \$481/m. Must be eligible for California registration. Write: Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California. 15-5-42

General Duty Staff Nurses for 450-bed, fully approved hospital. Salary range per mo.: Day Duty, \$438-458. P.M. and night duty, \$448-468. 40-hr. wk. Paid vacation. 7 paid holidays per yr. Accumulative sick time based on length of service. Liberal hospitalization plan. Nurses' residence. Rooms at reasonable rates. Registration or permit to work in California required. Address applications to: Chief Nurse, Southern Pacific Railroad Hospital, San Francisco, California. 15-5-68

GENERAL DUTY STAFF NURSES — Central California large General Hospital. Start \$413/m. Excellent in-service education programs; liberal personnel policies, shift differential. Apply: Personnel Director, San Joaquin County, Room 530, Courthouse, Stockton, California. 15-5-36

Staff Nurses for 300-bed County Hospital. Attractive personnel policies plus differential for specialties, afternoon and night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California. 15-5-38

Staff Nurses for 100-bed County Hospital located in the progressive San Joaquin Valley. Salary: \$395-\$458/m. Starting salary depends on experience. \$10 shift differential for evenings and nights. Occasional promotions to Head and Supervising positions. Liberal fringe benefits. Modern nurses' residence of nominal cost. Call or write: Director of Nurses, Tulare County General Hospital, Tulare, California. 15-5-44-A

Staff Duty positions (Nurses) in private 403-bed hospital. Liberal personnel policies and salary. Substantial differential for evening and night duty. Write: Personnel Director, Hospital of The Good Samaritan, 1212 Shatto Street, Los Angeles 17, California. 15-5-38

Interested Nurses (must be fluent in English and be willing to apply for California registration). Southern California, Ventura County — 350-bed hospital. Salary range \$384-\$466 compensation for extra experience. Nurses' residence \$20/m. Ventura, city of 36,000, is near the beaches, has a mild year-round climate and is a one-hour drive from a large metropolis. Write: Personnel Department, Courthouse, Ventura, California. 15-5-53

PROFESSIONAL NURSES For immediate openings in 274-bed General Hospital, liberal fringe benefits. Enjoy interesting, challenging position in the ideal climate of Santa Monica Bay. Apply: Director of Nursing, Santa Monica Hospital, 1250—16th Street, Santa Monica, California. 15-5-40

NURSES — ALL SHIFTS, ALL DEPTS. NEW ACCREDITED 99-bed hospital. Starting salary \$405/m plus differential, liberal benefits. Contact Director of Nurses, Viewpark Community Hospital, 5035 Coliseum Street, Los Angeles, California. 90016 15-5-3M

Nurses for new 75-bed General Hospital. Resort area. Ideal climate. On beautiful Pacific ocean. Apply to: Director of Nurses, South Coast Community Hospital, South Laguna, California. 15-5-50

General Duty Nurses for various departments including surgery for 72-bed hospital. Starting salary \$375 per mo. with periodic increases and fringe benefits. College town, tourist area, ideal climate. Contact: Superintendent, Lutheran Hospital Association, Alamosa, Colorado. 15-6-1

Executive Director generalized public health nursing agency. Potential for program expansion in rapidly growing community 45 minutes from NYC. Staff 8 full time, 5 relief nurses. Master's degree, administrative ability; experience required, salary open. Send résumé to Mr. Charles H. Ulrich, Chairman, Personnel Staff Committee, Visiting Nurse Association, 60 Guernsey Street, Stamford, Connecticut. 15-7-4

REGISTERED NURSES: for 75-bed, air conditioned hospital, growing community. Starting salary \$330-\$365/m, fringe benefits, vacation, sick leave, holidays, life insurance, hospitalization. 1 meal furnished. Write: Administrator, Hendry General Hospital, Clewiston, Florida. 15-10-1

Help Wanted! Registered Nurse in sunny Florida near West Palm Beach. 40-hr. wk. Good working conditions. New 50-bed hospital under construction. Living quarters available. S.E. end of Lake Okeechobee. Write or call: J. C. Simonds, Administrator, **EVERGLADES MEMORIAL HOSPITAL**, 1749 E. Main Street, Pahokee, Florida, 33476. Phone: 924-5502. 15-10-4

General Duty Nurses for 54-bed hospital, minimum starting salary \$350 per mo., located near Miami and West Palm Beach. Apply: Director of Nurses, Belle Glade Memorial Hospital, Belle Glade, Florida 15-10-3

GENERAL STAFF NURSES for 425-bed private, General Hospital with completely modern facilities. Located in pleasant residential area near the Northwestern University campus and transportation to Chicago Loop. Hiring range \$5,040 to \$5,400 for permanent personnel. Progressive personnel policies. Apply: Director of Nursing Service, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois. 15-14-2

Staff Nurses (All Areas) Orientation and staff development programs, "nurse-saving" equipment, challenging working environment, individualized living accommodations in new air-conditioned cottages. Opportunity to participate in nursing practice of the finest quality in our 200-bed General Hospital, located along Lake Michigan shoreline, 30 min. from Chicago. Starting salaries \$390-\$410 plus \$30 differential for 3-11 and 11-7. Write: Director of Nursing, Highland Park Hospital, Highland Park, Illinois for detailed brochure. 15-14-3

NURSES for 200-bed modern progressive General Hospital. Salary \$300/m, living quarters furnished free, plus one meal while on duty. Liberal personnel policies. Write: Director of Nursing, Jackson Park Hospital, 7531 S. Stony Island Avenue, Chicago 49, Illinois. 15-14-1E

JEWISH GENERAL HOSPITAL MONTREAL QUE.

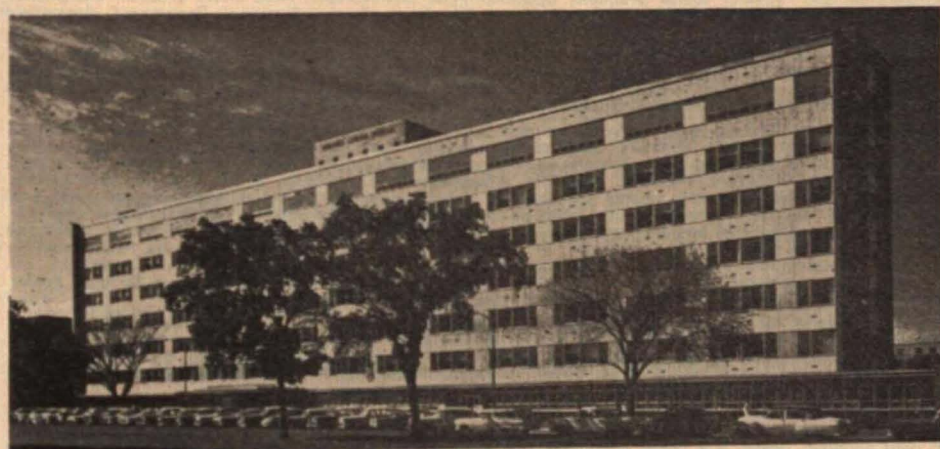


NURSING OPPORTUNITIES

In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing, Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration.

For further information, please write:

Director of Nursing, JEWISH GENERAL HOSPITAL, 3755 Cote St. Catherine Rd., Montreal, Que.



THE WINNIPEG GENERAL HOSPITAL

is Recruiting General Duty Nurses for all Services

SEND APPLICATIONS DIRECTLY TO

**THE PERSONNEL DIRECTOR, WINNIPEG GENERAL HOSPITAL,
WINNIPEG 3, MANITOBA.**

REGISTERED NURSES REQUIRED

For General Duty in modern 18-bed private Hospital in Iron mining town,
140 miles north of Sault Ste. Marie, Ontario.

SALARY RANGE \$320 MINIMUM TO \$360 MAXIMUM.

Allowance for experience. Board and room available at \$20 per month.
Transportation allowance up to \$50 after 6 months.

Apply:

SUPERINTENDENT OF NURSES, LADY DUNN HOSPITAL, WAWA, ONTARIO.

ASSISTANT DIRECTOR OF NURSING SERVICE

Wanted for McKellar General Hospital. An active treatment hospital of 380 beds, with a progressive school of nursing. Postgraduate preparation essential; Baccalaureate Degree preferred.

APPLY TO:

Director of Nursing,
McKELLAR GENERAL HOSPITAL,
Fort William, Ontario.

NURSES WANTED

GENERAL DUTY NURSES

wanted for a modern 75-bed accredited hospital situated in the beautiful Parkland District of Saskatchewan.

Salary \$320 to \$380 per month. A five day 40 hour week with no split shifts. Accommodation with meals are available at a very reasonable rate on the hospital grounds.

Apply to the:

Director of Nursing Services,
CANORA UNION HOSPITAL,
Canora, Saskatchewan.

MATRON

required for

12-bed hospital in Lynn Lake, Manitoba. Salary: \$375 per month plus room and board. Group insurance, medical, hospital and pension plans available. Applicants should be nurses eligible for registration in Manitoba. Previous supervisory experience would be desirable, but not essential.

For further particulars apply to:

Personnel Manager,
SHERRITT GORDON MINES LIMITED,
Lynn Lake, Manitoba.

Operating Room Nurse for 425-bed General Hospital with school of nursing, 45 interns and residents. Orientation and refresher course available. Opportunity for advancement. Area offers excellent educational, recreational and housing facilities. Liberal personnel policies. Apply: Personnel Department, Springfield Hospital, 759 Chestnut Street, Springfield, Massachusetts. 15-22-5

Staff Nurses and Licensed Practical Nurses (Openings in several areas, all shifts). Minimum starting pay \$77 R.N.'s; L.P.N.'s \$61 per wk. experience considered differentials paid for reliefs, nights. Every other week-end off in small community hospital 2 miles from Boston. Living quarters available. Contact: Miss Elizabeth A. Byrne, R.N., Director of Nursing, Chelsea Memorial Hospital, Chelsea, Mass. 15-22-1

Staff Nurses 380-bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuquerque and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries \$350 per mo. even., night or O.R. with call; annual increases up to \$410; days \$340 per mo. with increases up to \$400. Rotation from day duty is required only when no person desiring permanent P.M. or night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 5 yrs. — 3 wks., 10 yrs. — 4 wks. Active in-service program. Occasional vacancy hosp. owned appts. New Mexico licensure as professional nurse and U.S. citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611. 15-32-3

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric and pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio. 15-36-1D

Staff Nurses for modern 400-bed tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at \$410 with semi-annual increments. Extra for night and relief duty, 5-day work wk., 3-wk. paid vacation, 6 paid holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn and earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio. 15-36-1E

STAFF NURSES All Clinical Services. Starting salary \$382 for day shift; \$419 for evening and night shifts, opportunities for advancement. Personnel policies, sick leave, retirement plan, 3-wk. vacation and laundry of uniforms. Orientation and in-service programs. Housing available on Campus. Apply: Director, Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas. 15-44-5

Staff Nurses. Outstanding opportunities for career development! Expanding 320-bed medical center in summer and winter resort area. Opportunities include special care, psychiatric and clinical research nursing. Active in-service program; scholarship aid available for continuing education through University of Vermont Department of Nursing. Attractive New England community. Apply: Gilbert R. Lubbers, Assistant Administrator, The Mary Fletcher Hospital, Burlington, Vermont. 15-46-3

STAFF NURSES University of Washington 320-bed, modern, expanding Teaching and Research Hospital located on campus offers you an opportunity to join the staff in one of the following specialties: Clinical Research, Premature Center, Open Heart Surgery, Physical Medicine, Orthopedics, Neurosurgery, Adult and Child Psychiatry in addition to the General Services. Salary \$380 - \$442. Unique benefit program offers free University courses after six months fulltime employment. For information on opportunities write to: Mrs. Ruth Fine, Director of Nursing Services, University Hospital, 1959 Pacific Avenue, Seattle, Washington. 15-48-2D



PROVINCE OF ALBERTA

Provincial Mental Hospital,
Ponoka, Alberta

GRADUATE NURSES— for General Duty.
Differential for advanced preparation or
experience in Psychiatric Nursing.

Salary — \$300 to \$360 per month.

INSTRUCTORS—to teach Psychiatric Nursing
(Clinical and Classroom)

(a) Affiliate Program in Psychiatric Nursing.

(b) Basic combined General and Psychiatric Nursing Course

Salary — (Qualified Instructor with Psychiatric Nursing experience) \$395 to \$495
per month.

This is an active treatment mental hospital conducting an approved School of Nursing. 40-hour work week. Civil Service holiday, sick leave and pension benefits. Good personnel policies. 60 miles from Edmonton.

Apply to:

**DIRECTOR OF NURSING,
Provincial Mental Hospital,
Ponoka, Alberta, giving full
particulars.**

LONDON, ONTARIO

ST. JOSEPH'S HOSPITAL

Teaching Hospital, 600 beds, new facilities, requires:

TEACHERS—Obstetrical and Surgical Units

HEAD NURSES

GENERAL STAFF NURSES

REGISTERED NURSING ASSISTANTS

For further information apply:

**THE DIRECTOR OF NURSING,
St. Joseph's Hospital,
London, Ontario.**

DIRECTOR OF NURSING EDUCATION

at the

**STRATFORD GENERAL
HOSPITAL,
Stratford, Ontario.**

In this same issue appears notice of a vacancy for a Director of Nursing in June, the present Director retiring after 20 years with the hospital. We also require a Director of Nursing Education for this three year Diploma School.

Enrolment at present is seventy students. With our newly completed addition and renovations, this can be increased to ninety students when the new school and additional residence accommodation is built.

Salary will be commensurate with qualifications and experience. Applicants, who should have their B.Sc. (Nursing) with a good background of experience in Schools of Nursing, should address their applications, together with biographical details to:

**MR. J. L. BATEMAN,
SUPERINTENDENT,
GENERAL HOSPITAL,
STRATFORD, ONTARIO.**

SUPERVISOR, OUTPOST HOSPITAL

Northern Health District

REQUIRED BY

SASKATCHEWAN DEPARTMENT OF PUBLIC HEALTH

SALARY RANGE: \$377 - \$459 monthly.

REQUIREMENTS: Registered Nurse with a certificate in midwifery and professional experience.

This is an opportunity for interesting and challenging public health nursing service. The appointee will act as nurse midwife in an outpost hospital. Free living accommodation and sustenance provided.

BENEFITS: Three weeks holiday, three weeks accumulative sick leave allowance annually with pay, excellent pension and group life insurance plans and other benefits.

APPLICATIONS: Forms and further information available at Public Service Commission, Legislative Building, Regina, Saskatchewan. Quote file no. c/c 8177.

THE DUFFERIN AREA HOSPITAL

A new addition to be opened in July, invites applications from:

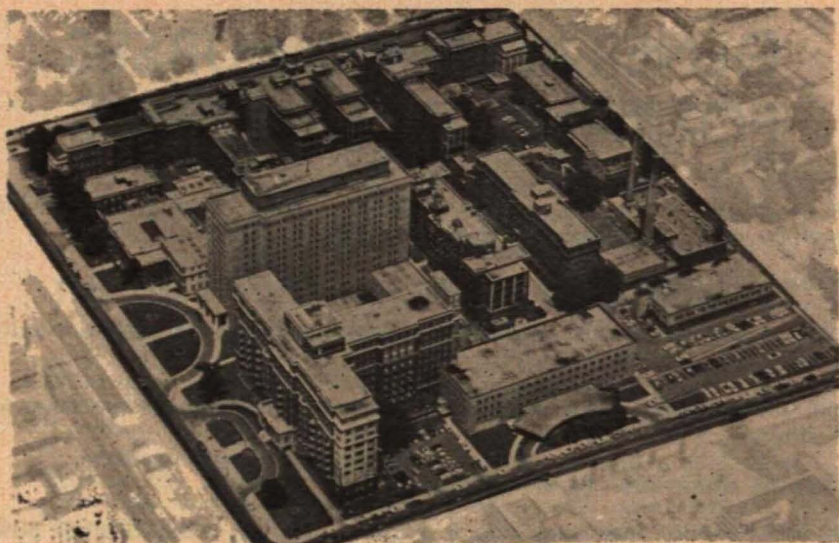
REGISTERED NURSES REGISTERED NURSING ASSISTANTS

For all Nursing Units including an Intensive Care Unit. Salaries — Registered Nurses: \$320-\$360; Registered Nursing Assistants: \$210-\$250. Progressive Personnel Policies, Pension Plan, Group Insurance.

For further information write to:

**DIRECTOR OF NURSING,
Dufferin Area Hospital, Orangeville, Ontario.**

TORONTO GENERAL HOSPITAL



NURSING OPPORTUNITIES

for

REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS

Planned Orientation Programme — Inservice Educational Programmes

Opportunity to gain additional knowledge in specialized fields of nursing

Excellent personnel policies

Salaries commensurate with prevailing current salaries in Metropolitan Toronto

For information or application write to:

DIRECTOR OF NURSING, TORONTO GENERAL HOSPITAL,

101 College Street, Toronto 2, Ontario.

MALE NURSES

(REGISTERED)

**REQUIRED JULY 1 TO OCTOBER 31
FOR CANADIAN GOVERNMENT CARGO SHIPS
TRAVELLING TO THE EASTERN ARCTIC**

EXPENSES PAID

SALARY UP TO \$360

MONTHLY DEPENDING

ON EXPERIENCE

**APPLY TO DIRECTOR, PERSONNEL SERVICES
DEPARTMENT OF NATIONAL HEALTH AND WELFARE
OTTAWA**

U.S.A.

New York Polyclinic Medical School and Hospital in heart of Manhattan. Six month courses for qualified registered nurses in Operating Room Nursing, and Medical Surgical-Out Patient Department Nursing. Classes begin in March and September, include 220 hours of instruction and supervised clinical experience. Room, meals, medical care, and monthly cash stipend. For information write: Director of Nursing Education, 345 West 50th Street, New York, New York 10019.

15-33-24

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary for nurses registered in the Province of Ontario \$335 monthly with annual increment \$10 monthly to \$385.

Salary until registration is established — \$305 monthly.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days.

Annual sick time 12 days after one year, unused portion cumulative to 36 days.

Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO

THE SARNIA GENERAL HOSPITAL

Offers excellent opportunities for

REGISTERED NURSES AND REGISTERED NURSING ASSISTANTS

Sarnia is an industrial city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

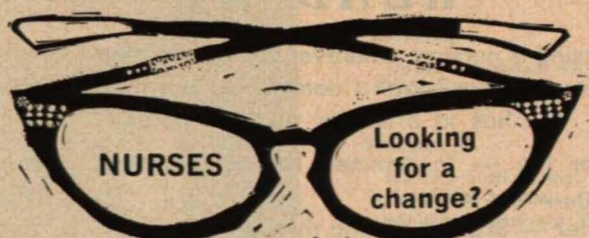
The hospital is modern, fully approved (JCAH), and has recently been expanded to 350 beds.

Positions are available in all services.

Salary scale with annual increments to the maximum. Additional salary allowance for two years or more acceptable experience or postgraduate certificate. Benefits include pension plan, 40-hour week, regular rotation of shifts with premium pay for evenings and nights.

Apply:

**PERSONNEL DIRECTOR,
SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.**



Then take a look at us: Charles T. Miller Hospital

...a stimulating environment that encourages professional growth in your choice of work areas.

...excellent personnel policies including team leader salary. Credit allowed for previous experience. Tuition paid by hospital for satisfactory completion of post-grad credits in nursing field.

...exciting metropolitan atmosphere of the Twin Cities of St. Paul-Minneapolis. Surrounded by lakes and ski areas. Convenient to theatres, shopping, world-famous symphony orchestra, art galleries.

To receive
our informative
booklet, mail
this coupon to:



Miss Joan Johnson, R. N., Personnel Office
Charles T. Miller Hospital • Dept. C-5
125 West College Ave. • St. Paul 2, Minn.

Name

Street

City State

STRATFORD GENERAL HOSPITAL

STRATFORD, ONTARIO

There are vacancies for the following positions:

Surgical Clinical Instructor

Medical Clinical Instructor

A newly renovated and enlarged hospital of 209 active treatment beds, with completely modernized services and service departments, together with a three year diploma course in nursing comprise the working background for these positions:

The hospital offers excellent personnel policies.

Applicants must hold preferably a B.Sc. (Nursing) or a certificate in teaching.

Salary commensurate with preparation and experience.

Applications, together with biographical details to:

**MINERVA H. SNIDER, REG.N., DIRECTOR OF NURSING,
General Hospital, Stratford, Ontario.**

READ ME

Nursing is nursing is nursing, wherever you are — therefore what attracts nurses to different areas? Well I don't know but this is what Shelburne has to offer for all duty hours.

- A. Outdoor life — In summer, camping, fishing, swimming, golf, boating, water skiing.
In winter — Skating, fishing through ice.
- B. Indoor life — make your own, no Night Clubs, one movie house, 3 good eating places. Adult education classes of all types — old time dancing, leather work, pottery, language, painting, drama. Nearest Concerts, plays etc. in Yarmouth.
- C. Good shopping area, salaries as recommended by RNANS. Navy Base 5 miles away.
Air force base 30 miles away — both expanding. Are you interested?

Please have applications addressed to:

**THE ADMINISTRATOR,
ROSEWAY HOSPITAL,
Shelburne, Nova Scotia.**

NURSING ADMINISTRATOR

OTTAWA CIVIC HOSPITAL

This position carries full authority in status as an Assistant Director of the Hospital and responsibility for Nursing Education and Nursing Service in an 1,100 bed University Teaching Institution. The position will become vacant during the summer of 1964 due to the retirement of the present incumbent who has completed eighteen years of progressive service in the position.

Applicants must have at least a Bachelor's degree in Nursing and preference will be given to applicants with a Master's degree. The appointment offers a very excellent opportunity as well as a challenge in taking over an administrative responsibility within a Hospital which is recognized as having a good Nursing Education Program and a highly respected Nursing Service. The position provides responsibility to be a part of an active administrative team with not only an opportunity to develop and plan Nursing Programs but also hospital activities in general. Excellent salary, pension plan, group insurance, sick leave, vacation and appealing personnel policies.

Our staff is aware of this advertisement and the confidence of applicants will be maintained.

Please address applications or requests for additional information to:

**DOUGLAS R. PEART, B.Com., D.H.A.,
Executive Director, Ottawa Civic Hospital, Ottawa 3, Ontario, Canada.**

HUMBER MEMORIAL HOSPITAL



HOSPITAL —

Newly expanded 350-bed hospital.
Progressive patient care concept.

SALARY —

General Staff Nurses registered in Ontario \$335 - \$400 per month. Registered Nursing Assistants \$235 - \$271 per month.

HOUSING —

Furnished apartments available at subsidized rates.

JOB SATISFACTION —

High quality patient care and friendly working environment, personal recognition and professional development.

You are invited to enquire concerning employment opportunities to:

**DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL,
200 Church Street, Weston, Ontario - Telephone 249-8111 (Toronto)**

JAMES PATON MEMORIAL HOSPITAL

Applications are invited for the following positions at the above 153-bed General Hospital at Gander, Newfoundland.

DIRECTOR OF NURSES

Applicants should have several years' experience in a nursing administrative capacity. The successful applicant will be responsible for the organization of nursing services in the hospital. Preference will be given candidates with university training.

ASSOCIATE DIRECTOR OF NURSES

Applicants should have experience in nursing administration. The position carries responsibility for coordination of nursing care activities and for assuming the duties of the Director of Nurses in her absence. Preference will be given candidates with university training.

SUPERVISORS, HEAD NURSES, ASSISTANT HEAD NURSES AND STAFF NURSES

Required for units and departments of the hospital.

Applications stating age, education, experience, qualifications, etc., should be addressed to:

**THE ADMINISTRATOR,
James Paton Memorial Hospital,
Gander, Newfoundland.**

REGISTERED NURSES

For General Duty required for 100-bed general hospital. Forty-hour week. Three weeks annual vacation for first three years of service then four weeks annually. Nine (9) statutory holidays annually, 1-1/4 days sick leave per month accumulative to five months. Shift differential of 40 cents for each evening shift and 50 cents for each night shift. Salary range: \$315-\$390 with special consideration given for postgraduate training and previous experience. Residence accommodation with meals available at the rate of \$35 per month if desired.

Apply to:

Director of Nurses,
WEYBURN UNION HOSPITAL,
Weyburn, Saskatchewan.

NOTRE DAME HOSPITAL

North Battleford, Saskatchewan

REQUIRES

General Staff Nurses and Certified Nursing Assistants for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary range: R.N. \$315 to \$390, C.N.A. \$205 to \$235 gross per month. Differential for evening and night duty for R.N.'s. Accommodation close to hospital if desired.

Apply to:

DIRECTOR OF NURSING SERVICE,
Notre Dame Hospital, North Battleford, Sask.

VICTORIAN ORDER OF NURSES FOR CANADA

OFFERS

Interesting and Challenging Careers. Positions are available in various parts of Canada at prevailing salary rates. Good personnel policies. Pension plan. Transportation on duty. Uniform allowance.

Bursaries are offered to assist students in the final year of the basic degree course or graduate nurses taking preparation in public health nursing.

For further information write:

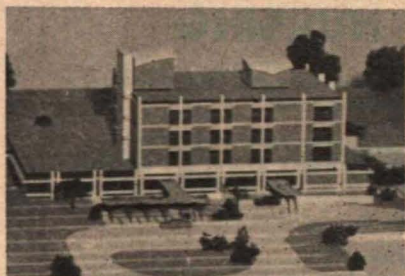
MISS JEAN LEASK, DIRECTOR IN CHIEF,
5 Blackburn Avenue, Ottawa 2, Ontario.

SUPERINTENDENT OF NURSES

Required by 18-bed Private Hospital. Ontario registration required. Registered Nurse with supervisory experience or experience as Superintendent of small hospital would fill requirements. Two room apartments with bath and all meals supplied for \$20 per month. Four weeks annual vacation per year, eight statutory holidays, hospitalization, medical-surgical and Group Insurance. Moving expenses up to \$50 refunded following six months employment. Salary scale will be forwarded following application.

Apply to:

MRS. V. M. SWITZER, SECRETARY,
BOARD OF DIRECTORS, LADY DUNN HOSPITAL, WAWA, ONTARIO.



NEW HOSPITAL

AJAX, ONTARIO

110 BEDS

Nursing the patient as an individual

Opening — October 1964

VACANCIES for Head Nurses, Assistant Head Nurses, General Duty R.N.'s and Registered Nursing Assistants (Union Agreement for Registered Nursing Assistants) in Medicine and Surgery. O.R., OBS., Pediatrics. Salaries commensurate with prevailing salaries in Metro Toronto. Consideration for experience and education. Overseas nurses welcome. Personnel recognition and excellent fringe benefits. Professional development fostered.

Ajax is 7 miles from Metro Toronto, hourly bus service

Apply to:

NURSING OFFICE PERSONNEL,

AJAX AND PICKERING GENERAL HOSPITAL,

Ajax, Ontario.

YORK COUNTY HOSPITAL



ONE HOUR FROM DOWNTOWN TORONTO

260 bed Hospital with new facilities including:

INTENSIVE CARE UNIT

SELF CARE UNIT

PSYCHIATRIC UNIT

CLINICAL INSTRUCTRESSES:

\$385-\$460 per month

REGISTERED NURSES: \$335-\$400 per month

REGISTERED NURSING ASSISTANTS:

\$230-\$265 per month

LIBERAL PERSONNEL BENEFITS INCLUDE:

Pension Plan, Group Life Insurance,

Medical and Hospital Insurance.

Residence accommodation available.

Please write for further details concerning employment opportunities to:

**DIRECTOR OF NURSING, YORK COUNTY HOSPITAL,
Newmarket, Ontario.**

DIRECTOR OF NURSING

Modern progressive 70-bed hospital located in picturesque valley north of Edmonton.
Accreditation application being made.

Highly qualified medical staff provides stimulating work environment.
New suite available in residence.

Send particulars to:

**Administrator,
PEACE RIVER MUNICIPAL HOSPITAL, PEACE RIVER, ALBERTA.**

ASSISTANT DIRECTOR OF NURSING

REQUIRED FOR

ALBERTA CHILDREN'S HOSPITAL, CALGARY, ALBERTA

Apply to:

**Director of Nursing,
ALBERTA CHILDREN'S HOSPITAL, CALGARY, ALBERTA.**

PSYCHIATRIC NURSING INSTRUCTRESS

Required to organize and participate in program in Psychiatric Nursing in a new Community Mental Hospital under auspices of ROYAL OTTAWA SANATORIUM.

Apply:

**Director of Nursing,
ROYAL OTTAWA SANATORIUM,
Ottawa, Ontario.**

I N S T R U C T O R S

Required for School of Nursing with 75 students in 250-bed hospital

SCIENCE INSTRUCTOR TO TEACH BASIC SCIENCES
CLINICAL INSTRUCTOR FOR MEDICAL-SURGICAL NURSING
INSTRUCTOR FOR FUNDAMENTALS OF NURSING

University preparation required. Good personnel policies. Salary commensurate with qualifications and experience.

For further information apply to:

**Assistant Director of Nursing (Education),
CORNWALL GENERAL HOSPITAL,
Cornwall, Ontario.**

THE VANCOUVER GENERAL HOSPITAL

ENQUIRIES INVITED FOR

CURRENT REGULAR FULL TIME STAFF PLACEMENT

FROM

GENERAL STAFF NURSES

SALARY COMMENCES UP TO \$366 PER MONTH
WITH APPROVED EXPERIENCE.

All enquiries addressed to:

PERSONNEL DIRECTOR, WILL BE ANSWERED.

MONTREAL CHILDREN'S HOSPITAL

DID YOU KNOW THAT

1. We have 354 beds for children from the Premature to the Adolescent age group.
2. Our nurses may be bilingual or English-speaking.
3. We are affiliated with McGill University.
4. We have an excellent Orientation and In-Service Program.
5. Salary is commensurate with experience and preparation.
6. We have vacancies for Registered Nurses.

For information please write:

**THE DIRECTOR OF NURSING,
Montreal Children's Hospital, 2300 Tupper Street,
Montreal, Que.**

MEDICAL SUPERVISOR REQUIRED:

Position available for Medical Supervisor on a 62-bed unit with two nursing stations.
Preference given to applicants with one year University in Ward Administration and
experience.

Well defined personnel policies, including pension plan, 4-week vacation, sick time.

Direct inquiries to:

**Director of Nursing,
STRATFORD GENERAL HOSPITAL,
Stratford, Ontario.**

ONTARIO PROVINCIAL GOVERNMENT

DEPARTMENT OF HEALTH REQUIRES PUBLIC HEALTH NURSES

FOR NORTHERN ONTARIO PUBLIC HEALTH SERVICE

Starting salary — \$4,400 (with experience)

- To develop and organize an expanding public health nursing service in outlying areas
- Challenging opportunity for person with initiative in developing and co-ordinating programs
- Bilingualism an asset but not essential
- Excellent promotional opportunity
- Full range of employee benefits
- Services established in North Bay and Timmins. Plans for additional offices in Sault Ste. Marie, Sudbury, Lakehead.

Apply to:

Personnel Director,
Room 5527 East Block, Parliament Buildings, Toronto.

DIRECTOR, SCHOOL OF NURSING

SOUTHWESTERN ONTARIO RESORT AREA

Excellent position available in Spring of 1964. Modern classrooms and facilities in main wing of 351-bed hospital. Student enrollment of 95. Modern students' residence adjacent to hospital. Minimum qualifications include a bachelor's degree in Nursing Education, as well as successful experience in Nursing Administration and Education. Registration in Ontario is required. The person appointed to this position will have the opportunity of using progressive techniques in teaching.

Write to:

Administration,
SARNIA GENERAL HOSPITAL,
Sarnia, Ontario.

CLINICAL INSTRUCTORS

ST. JOSEPH'S HOSPITAL, SCHOOL OF NURSING, HAMILTON, ONTARIO

MEDICAL — SURGICAL — and OBSTETRICAL UNITS

Well-equipped modern school of nursing — Expanded January, 1963.
800-Bed Hospital fully accredited. Salary commensurate with preparation and experience.

For further information please apply to:

DIRECTOR OF NURSING,
ST. JOSEPH'S HOSPITAL,
School of Nursing, Hamilton, Ontario.

OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL

OAKVILLE, ONTARIO

General Duty Nurses for all departments, also Operating Room Nurses required in modern 340-bed fully accredited hospital.

Oakville is a progressive community situated on Lake Ontario just twenty miles from the cities of Toronto and Hamilton. Excellent salaries and personnel policies. Further details will be furnished on request.

Apply to:

DIRECTOR OF NURSING,
Oakville-Trafalgar Memorial Hospital,
Oakville, Ontario.

DIRECTOR OF NURSING

REQUIRED BY JUNE 1st, 1964

For modern 18 bed, 8 bassinet hospital, serving a progressive, fast growing farming and industrial area in Northern Alberta. Salary open for discussion, depending on experience. Employees participate in Pension Plan, M.S.I. and Blue Cross.

Matron's suite in NEW Nurses' Residence available at \$35 per month, including board and laundry. Fare will be paid from any point in Canada, on condition of at least one year employment.

Please state in application, date available, salary expected and experience.

For further information write, phone or wire collect to:

**MANNING MUNICIPAL HOSPITAL,
Box 250, Manning, Alberta, Ph. 173, after hours 189 or 236.**

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

REQUIRES

INSTRUCTOR IN BASIC SCIENCES and SURGICAL NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually.

DUTIES INCLUDE: Instruction in Anatomy and Physiology, Chemistry and Physics. Clinical and Classroom instruction in an integrated program of Medical-Surgical Nursing.

REQUIREMENTS: University preparation in Nursing Education — Salary differential for Degree. Duties to commence **August 1st, 1964.**

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

COUNTY OF RENFREW HEALTH UNIT

This new Health Unit will begin operation July 1st, 1964. Applications and enquiries are invited regarding the positions of the following:

DIRECTOR and MEDICAL OFFICER of HEALTH

PUBLIC HEALTH NURSING SUPERVISOR and PUBLIC HEALTH NURSES

CHIEF SANITARY INSPECTOR and INSPECTORS

Salaries will be based on experience, pension plans, group insurance, vacations and sick leave in varying scales.

Apply to:

**E. M. FRASER,
County Clerk-Treasurer,
County Administration Building, Pembroke, Ontario.**

YORK CENTRAL HOSPITAL

RICHMOND HILL, ONTARIO

Applications are invited for:

- 1) GENERAL STAFF NURSING POSITIONS
 - 2) REGISTERED NURSING ASSISTANT POSITIONS
- ALL IN CLINICAL AREAS**

This is a new 126-bed active treatment hospital, lying outside Metropolitan Toronto. Progressive personnel policies, salary based on education and experience.

Apply to:

**DIRECTOR OF NURSING,
York Central Hospital, Richmond Hill, Ontario.**

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

Applications are invited for the position of Clinical Teacher in Medical-Surgical Unit for August 1964.

QUALIFICATIONS:

Prefer degree in Nursing Education and experience or diploma in Nursing Education and minimum of 2 years teaching experience.

Apply to:

DIRECTOR OF NURSING
Woodstock General Hospital
Woodstock, Ontario.

CLINICAL INSTRUCTORS

Required for School of Nursing in this 350-bed General Hospital. Modern classrooms and facilities. Student enrollment 95.

Minimum qualifications — Diploma in Nursing Education. Good starting salary with special consideration for experience or degree.

Excellent working conditions with opportunities to use progressive techniques in teaching.

Apply:

Personnel Director,
SARNIA GENERAL HOSPITAL,
Sarnia, Ontario.

SOUTH PEEL HOSPITAL

COOKSVILLE

A new 450-bed General Hospital, located 12 miles from the City of Toronto, has openings for:

- (1) Supervisor for Nursing Office with Nursing Service Administration Diploma.
- (2) Supervisor for Unit Administration on Medical Ward.
- (3) Head Nurses and Assistant Head Nurses for Medical and Surgical units.
- (4) General Staff Nurses in all departments.

Good personnel policies. Salary commensurate with experience and preparation.

*For information or application,
write to:*

DIRECTOR OF NURSING
South Peel Hospital,
Cooksville, Ontario

NURSES

KENORA, ONTARIO

This resort town of 14,000 people has just opened a section of its new 100-bed hospital and in the not too distant future will be opening the second section for which nurses are needed. The hospital is wonderfully located on the shores of beautiful Lake of the Woods in Ontario. In the summer we have activities in swimming, boating, fishing and golfing and in the winter there is skating, curling, tobogganing, skiing and ice fishing.

A nurse's residence is available at a reasonable rate of \$20 per month for private room or \$15 per month for a double room. Cafeteria services are available at cost as well as a kitchen in the nurses' residence. Separate personnel policies for nurses are available and will be mailed on request. The starting salary is \$330 per month. Eight statutory holidays, sick leave, three weeks vacation with pay are some of the benefits of these policies.

All applications will be treated with courtesy and privacy.

Please apply to:

Director of Nursing,
KENORA GENERAL HOSPITAL,
Kenora, Ontario.

OSHAWA GENERAL HOSPITAL

Oshawa, Ontario

Requires for School of Nursing

CLINICAL INSTRUCTOR IN SURGICAL NURSING

with Certificate in Nursing Education

For further information, apply to:

**DIRECTOR OF NURSING,
Oshawa General Hospital, Oshawa, Ontario.**

GENERAL DUTY NURSES

SALARY RANGE \$327 - \$362

Required by Metropolitan Toronto for the new Riverdale Hospital, an 800-bed hospital for chronic and convalescent patients. Shift allowances for afternoon and night shifts. Cumulative sick pay and pension plans are in effect. Permanent positions, 40 hour week.

Apply:

**PERSONNEL OFFICE,
387 Bloor Street East, Toronto 5, Ontario.**

UNIVERSITY HOSPITAL

Saskatoon, Saskatchewan

APPLICATIONS ARE INVITED FOR:

General Staff positions.

OPPORTUNITIES FOR EMPLOYMENT ARE AVAILABLE IN:

Medical, Surgical, Obstetrical, Pediatric, Psychiatric and Rehabilitation Services

SALARY RANGE:

\$300-\$360 — Differential for evening and night duty — 40-hour week.

RESIDENCE:

Temporary accommodation if desired

Apply to:

**DIRECTOR OF PERSONNEL, UNIVERSITY HOSPITAL,
Saskatoon, Saskatchewan.**

GENERAL DUTY NURSES

Two General Duty Nurses, starting salary \$332 - with two years' experience \$349 - with four years' experience \$366. Travelling expenses paid on completion of one year's service. Personnel policies as in accordance with provincial agreement. Health plan and retirement plan in operation. Comfortable nurses' residence. Situated 80 miles upcoast from Vancouver with daily bus and plane connections.

Apply to:

**Director of Nursing,
POWELL RIVER GENERAL HOSPITAL,
Powell River, British Columbia.**

CLASSROOM & CLINICAL NURSE INSTRUCTOR

(Male or Female)

Required for the

HOSPITAL FOR MENTAL DISEASES, BRANDON, MANITOBA

Salary Schedule — \$350-\$440 per month

Regular Annual Increments

Pension Privileges

Liberal Sick Leave with Pay

Annual Vacation with Pay, as set out by
Civil Service Commission

QUALIFICATIONS:

Registered Nurse with postgraduate
training in Nursing Education and
preferably a Licensed Psychiatric
Nurse.

Write to:

**THE DIRECTOR OF NURSING,
HOSPITAL FOR MENTAL
DISEASES,
BRANDON, MANITOBA.**

ST. JOSEPH'S HOSPITAL

Hamilton, Ontario

A modern, progressive, 850-bed hospital,
located in the centre of Ontario's Golden
Horseshoe, has openings for:

- 1) **Head Nurses for Medical or Surgical
units.**
Postgraduate study preferred.
- 2) **General Staff Nurses in all clinical
areas.**
- 3) **Registered Nursing Assistants in all
clinical areas.**

For further information write to:

**THE DIRECTOR OF NURSING,
St. Joseph's Hospital,
Hamilton, Ontario.**

REGISTERED NURSES *and* CERTIFIED NURSING ASSISTANTS

for

360-bed accredited General Hospital. Re-
gistered Nurses salary range \$325 - \$377
per month with consideration for con-
temporary experience or special prepara-
tion.

Certified Nursing Assistants \$230 - \$260
per month.

For further information write:

**Director of Nursing Service,
METROPOLITAN GENERAL
HOSPITAL,
Windsor, Ontario.**

VICTORIA HOSPITAL

LONDON, ONTARIO

Modern 1,000-bed hospital

Requires

**Registered Nurses for
all services**

and

**Registered
Nursing Assistants**

40 hour week — Pension plan — Good
salaries and Personnel Policies.

Apply:

**DIRECTOR OF NURSING,
Victoria Hospital, London, Ont.**

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN PSYCHIATRIC NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experience for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Instruction in Introductory Psychology and Mental Hygiene. Clinical and Classroom Instruction in Psychiatric Nursing. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August, 1964.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

DIRECTOR OF NURSING

FOR MODERN, 163-BED, FULLY ACCREDITED GENERAL HOSPITAL
SALARY COMMENSURATE WITH QUALIFICATIONS AND EXPERIENCE

Please address enquiries to:

**Administrator,
KIRKLAND AND DISTRICT HOSPITAL,
Kirkland Lake, Ontario.**

Opportunities for Employment Are Available in:

SCHOOL OF NURSING:

CLASSROOM INSTRUCTOR — CLINICAL INSTRUCTORS FOR:
Operating Room, Medicine, Neurosurgery, Pediatrics, Psychiatry.

NURSING SERVICE:

SUPERVISOR, DEPARTMENT OF PEDIATRICS — STAFF NURSES, MEDICINE AND SURGERY.
University teaching hospital. Applicants should be eligible for Ontario Registration.

Personnel policies and further information may be obtained from:

**Director of Nursing,
KINGSTON GENERAL HOSPITAL,
Kingston, Ontario.**

GRADUATE STAFF NURSES

Opportunities for men and women on all services including metabolism, rehabilitation, psychiatry, recovery room, medicine, surgery, pediatrics, obstetrics, operating room and emergency room. Well planned orientation and in-service programs, tuition free courses at Western Reserve University after 3 months employment, low cost housing in nurses' residence. Liberal personnel policies with premiums for evening and night tours. Staff Nurse salaries range \$400-\$440, based on experience and education. For more information ask for our new booklet describing nursing opportunities at University Hospitals.

Write to:

**THE DIRECTOR OF NURSING, UNIVERSITY HOSPITALS OF CLEVELAND,
University Circle, Cleveland, Ohio, 44106.**

GENERAL STAFF NURSE POSITIONS

AVAILABLE

In the General Operating Rooms (includes general surgery, cardiac, neurosurgery, plastic, ear, nose and throat and urology), Gynecological and Ophthalmological operating rooms. Salary commensurate with experience. Opportunities for promotion. Excellent fringe benefits including refund of tuition up to six points per semester.

For further information write:

**Director, Nursing Service,
THE JOHNS HOPKINS HOSPITAL
Baltimore 5, Maryland.**

THE ROSS MEMORIAL HOSPITAL

LINDSAY, ONTARIO

Invites applications for the position of
HEAD NURSE

For a 35-bed Surgical Unit with duties to commence June, 1964.

Previous experience necessary, preference given to applicants with a B.Sc.N. or University preparation.

This is an active treatment general hospital of 140 beds, located in the "Kawartha Lakes" region. Personnel policies available on request.

For further information, please write to:

**PERSONNEL DIRECTOR,
The Ross Memorial Hospital,
Lindsay, Ontario.**

ST. JOSEPH'S HOSPITAL

Toronto, Ontario

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

600-bed fully accredited hospital provides experience in Operating Room, Recovery Room, Intensive Care Unit, Pediatrics, Orthopedics, Obstetrics, General Surgery and Medicine.

Orientation and Active In-service program for all staff.

Salary is commensurate with preparation and experience.

Benefits include Pension Plan, Group Life Insurance, Sick Leave — 12 days after one year, Ontario Hospital Insurance — 50% payment by hospital.

Rotating Periods of duty — 40 hour week, 8 statutory holidays — annual vacation 3 weeks after one year.

Apply:

**ASSISTANT DIRECTOR OF NURSING
SERVICE**

ST. JOSEPH'S HOSPITAL

30 The Queensway, Toronto 3, Ontario

APPLICATIONS ARE INVITED FOR
THE POSITION OF

DIRECTOR OF NURSING SERVICE

AT

THE METROPOLITAN GENERAL HOSPITAL

WINDSOR, ONTARIO.

The Metropolitan General Hospital is a fully accredited 362 bed facility, and applicants with experience and holding a Bachelor Degree, or with University preparation, will be given preferable consideration. Associated with the Hospital is the Metropolitan Hospital School of Nursing which has teaching standards well recognized in Ontario.

Salary will be commensurate with qualifications and experience, and other employee benefits are generous.

Address all applications and enquiries to:

**THE ADMINISTRATOR,
METROPOLITAN GENERAL
HOSPITAL,
1995 Lens Ave., Windsor, Ont.**

TORONTO BRANCH
VICTORIAN ORDER OF NURSES

*invites applications for positions of
PUBLIC HEALTH NURSES*

This branch offers experience in a diversified program including bedside nursing, individual teaching, child health centre activities, participation in experimental programs, student program, inservice education.

For details apply:

DIRECTOR,
Victorian Order of Nurses,
(Toronto Branch),
281 Sherbourne Street, Toronto 2.

**OPERATING ROOM
SUPERVISOR**

With postgraduate course in
**OPERATING ROOM TECHNIQUE
AND MANAGEMENT**

*Required for
100-bed hospital.*

For salary rates and policies apply to:

Director of Nursing,
THE CHARLOTTE COUNTY HOSPITAL,
St. Stephen, New Brunswick.

REGISTERED NURSES
HOSPITAL FOR CHILDREN

Salary according to qualifications and experience. Differential for evening and night duty. 40 hour week. Statutory holidays.

Pension plan. Sickness insurance.

Apply to:

THE DIRECTOR OF NURSING,
Hôpital Marie Enfant,
5200 Bélanger Street E.,
Montreal 36, Tel. 727-2844.

INSTRUCTORS NEEDED

As the number of Students increases, so must the number of Instructors! Our Junior Students attend Lakehead College for 5 subjects during the academic year.

The School is progressive and the program is dynamic!

Apply to:

Director of Nursing,
McKELLAR GENERAL HOSPITAL,
Fort William, Ontario.

INSTRUCTORS

1. Clinical Co-ordinator (New Position)
2. Clinical Instructors:
 1. Pediatric Nursing
 2. Operating Room Nursing
 3. Surgical Nursing
3. Science Instructors (2):

University preparation required

Salary differential for degree

For further information apply to:

Director of Nursing,
**BRANDON GENERAL
HOSPITAL,**
Brandon, Manitoba.

**THE GRENFELL
MISSION**

Has excellent opportunities for interesting and challenging work in northern Newfoundland and the Labrador coast.

For details, please write:

Miss Dorothy A. Plant, Secretary,
**GRENFELL LABRADOR MEDICAL
MISSION,**
Room 701A, 88 Metcalfe Street,
Ottawa 4, Ontario.

**SUPERVISORS
FOR
Inservice Education
Department
AND
Operating Room**

Required by an active 250-bed hospital.

Apply to:

Director of Nursing,
NORTHWESTERN GENERAL HOSPITAL,
2175 Keele Street, Toronto 15, Ontario.

DIRECTOR OF NURSING

50-BED HOSPITAL

Reference necessary. Thriving Industrial Community. Winter and Summer resort, New living quarters on grounds of hospital. This is a challenging position for a suitable person. Salary open.

Apply to:

Secretary-Treasurer,
PONTIAC COMMUNITY HOSPITAL,
Box 280, SHAWVILLE, Quebec.
Phone 647-2214, COLLECT.

REGISTERED NURSES REQUIRED

For the Operating Room and other Services. Good personnel policies. Residence accommodation available — \$30 per month. 'A Friendly Hospital in a Friendly Community'.

For further information, write to:

Director of Nursing,
McKELLAR GENERAL HOSPITAL,
Fort William, Ontario.

EMPLOYMENT OPPORTUNITY

The Moncton Hospital School of Nursing requires a Faculty member to lecture in the Physical Science subjects. The three-year course is carried on in a modern General Hospital, a class of 60 students commences annually. Good personnel policies available.

For further information regarding this position, write:

The Director of Nursing,
THE MONCTON HOSPITAL,
Moncton, New Brunswick.

SCIENCE INSTRUCTOR

Applications are invited for the position of Science Instructor for a School of Nursing situated in the Interior of British Columbia. New Residence and teaching facilities opening soon. Expected student enrolment — 100. Position available after July 1st, 1964.

Please address enquiries to:

DIRECTOR OF NURSING,
Royal Inland Hospital,
Kamloops, British Columbia.

OPERATING ROOM NURSES

Applications for experienced Operating Room Nurses are invited for the General Hospital, St. John's, Newfoundland.

Apply to:

DIRECTOR OF NURSING,
General Hospital,
St. John's, Nfld.

ASSISTANT DIRECTOR OF NURSING SERVICE

For accredited 200-bed hospital

QUALIFICATIONS: Baccalaureate Degree preferred. Supervisory experience. Salary according to qualifications. Position open July 1st, 1964.

Apply to:

DIRECTOR OF NURSING,
General Hospital,
Guelph, Ontario.

Head Nurse Operating Room and Head Nurse Maternity

Registration and Postgraduate certificate required for this responsible position in 110-bed hospital in Northwestern British Columbia. Salary \$381-\$460 plus \$10 for certificate or \$25 for university. Newly furnished residence with T.V. Good social activities including bowling, curling, tennis and year round swimming. Full personnel benefits including travel allowance.

Apply to:

Director of Nursing,
GENERAL HOSPITAL,
Prince Rupert, B.C.

REGISTERED NURSE

for

110-bed "HOME FOR THE AGED" with 50-bed bed-care wing. Located on Grand River, Niagara Peninsula within 1 hour's travel to Hamilton, Niagara Falls and Buffalo, N.Y. Modern staff quarters optional.

For full particulars apply:

SUPERINTENDENT,
stating qualifications, experience and remuneration:
GRANDVIEW LODGE,
Dunnville, Ontario.

CITY OF HAMILTON

requires a

PUBLIC HEALTH NURSE

Must be a Registered Nurse with a public health certificate.

5 day - 36-1/4 hour week

Minimum salary: \$4,066

Maximum salary: \$4,901

Starting salary commensurate with previous experience.

Top fringe benefits including pension, sick pay, group insurance, vacations, statutory holidays, hospital and medical plan.

Apply to:

DIRECTOR OF PERSONNEL,
City Hall, Hamilton, Ontario.

OTTAWA CIVIC HOSPITAL

requires

GENERAL STAFF NURSES

for

OPERATING ROOM

MEDICAL

SURGICAL

OBSTETRICAL AND

PSYCHIATRIC

} DEPARTMENTS

Apply:

EDITH G. YOUNG, REG. N.,
Assistant Director and Administrator
of the Department of Nursing.

GENERAL STAFF NURSES

SALARY \$415 to \$480

(Commensurate w/experience)

\$3.00 per day differential for evenings. \$1.50 differential for nights. Positions available in Birthroom, Post Partum, Newborn Nursery and Medical - Surgical areas. Time and a half for overtime. Quarters available on hospital grounds. Other liberal fringe benefits.

For more information write:

Personnel Director,
WOMAN'S HOSPITAL,
432 E. Hancock, Detroit 1, Michigan.
TEmp 3-2000

INSTRUCTORS

for

MEDICAL and SURGICAL NURSING

University preparation required. The School conducts a three-year program and a two-year program. A challenge awaits you.

Apply to:

Director, School of Nursing,
GREY NUNS' HOSPITAL,
Regina, Saskatchewan.

TWO GRADUATE NURSES

For girl's private camp (campers 6 to 16);

June 24 — August 24

For further particulars, write to:

MRS. JOHN GILCHRIST,
6-A Wychwood Park,
Toronto 4, Ontario.

WANTED IMMEDIATELY

Registered Nurses

and

Certified Nursing Assistants

For a new 40-bed Hospital with Nurses' Residence. Nurses—Salary: \$340-\$390 according to experience. 3 semi-annual increments of \$10 each. C.N.A.'s—Salary: \$225-\$255 according to experience. 3 annual increments of \$10 each.

Reply to:

The Director of Nursing,
GERALDTON DISTRICT HOSPITAL,
Geraldton, Ontario.

REGISTERED NURSES

required for

82-bed hospital. Situated in the Niagara Peninsula. Transportation assistance.

*For salary rates and personnel policies,
apply to:*

DIRECTOR OF NURSING,
Haldimand War Memorial Hospital,
Dunnville, Ontario.

THE ROSS MEMORIAL HOSPITAL

requires

GENERAL DUTY NURSES

Positions are now available on our Medical, Surgical, Obstetrical and Pediatric Services. All inquiries are welcome. The hospital offers excellent personnel benefits along with an active in-service education and an organized orientation program.

*For complete details please direct your
reply to:*

PERSONNEL DIRECTOR,
The Ross Memorial Hospital,
Lindsay, Ontario.

EDUCATIONAL OPPORTUNITIES

DALHOUSIE UNIVERSITY

School of Nursing

Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

Diploma Courses for Graduate Nurses

- (a) Public Health Nursing
- (b) Teaching in Schools of Nursing
- (c) Nursing Service Administration

For further information apply to:

**DIRECTOR, SCHOOL OF NURSING
DALHOUSIE UNIVERSITY, HALIFAX, N.S.**

O.R. POSTGRADUATE COURSES THE VANCOUVER GENERAL HOSPITAL

Applications for Postgraduate Courses in Operating Techniques are invited by The Vancouver General Hospital. Three classes a year are now being held and interested applicants will be advised of class dates.

Further particulars, on enquiry to the

**PERSONNEL DEPARTMENT,
The Vancouver General Hospital,
will be forwarded.**



SCHOOL FOR GRADUATE NURSES MCGILL UNIVERSITY

PROGRAMS FOR GRADUATE NURSES

DIPLOMA

Students are granted a diploma at the completion of the first year of the program leading to the degree of Bachelor of Nursing. All first-year students elect to study in

PUBLIC HEALTH NURSING

or

TEACHING AND SUPERVISION IN ONE OF THE FOLLOWING:

- Medical-Surgical Nursing
- Psychiatric Nursing
- Maternal and Child Health Nursing

DEGREE OF BACHELOR OF NURSING

A two-year program for nurses with McGill Senior Matriculation or its equivalent.

A three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students elect a field as indicated above. In the final year students elect to major in one of the following:

- Nursing Education
- Administration and Supervision in Hospitals or in Public Health Agencies

DEGREE OF MASTER OF SCIENCE (APPLIED)

A program of approximately two years for nurses with a baccalaureate degree. Students elect to major in

- Development and Administration of Educational Programs in Nursing
- Nursing Service Administration in Hospitals and Public Health Agencies

PROGRAM IN BASIC NURSING

leading to the degree Bachelor of Science in Nursing

A five-year program for students with McGill Junior Matriculation or its equivalent. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares nurses for advanced levels of service in hospitals and community.

For further information write to:

DIRECTOR, MCGILL SCHOOL FOR GRADUATE NURSES
3506 UNIVERSITY STREET, MONTREAL 2, QUE.

ST. JOSEPH'S HOSPITAL

TORONTO, ONTARIO

Offers a 6 month Postgraduate Course
in Operating Room Management and
Technique.

Classes March and September

Reasonable monthly stipend

*For information and details of the Course,
apply to:*

**DIRECTOR OF NURSING
SERVICE,
St. Joseph's Hospital,
30 The Queensway,
Toronto 3, Ontario.**

UNIVERSITY OF BRITISH COLUMBIA

School of Nursing

DEGREE COURSE IN BASIC
NURSING

DEGREE COURSE FOR
GRADUATE NURSES

Both of these courses lead to the
B.S.N. degree. Graduates are pre-
pared for public health as well as
hospital nursing positions.

DIPLOMA COURSES FOR
GRADUATE NURSES

1. Public Health Nursing.
2. Administration of Hospital
Nursing Units,

For information write to:

**The Director,
SCHOOL OF NURSING,
UNIVERSITY OF B.C.,
VANCOUVER 8, B.C.**

CLINICAL COURSE IN PSYCHIATRIC NURSING

offered by

**The Department of Veterans Affairs,
Westminster Hospital, London, Ontario.**

Open to all Registered Nurses. Enrollment
limited. Four months duration commencing
12 January 1965. Room and meals at nominal
rates.

For further information please write:

**Director of Nursing,
WESTMINSTER HOSPITAL,
London, Ontario.**

COURSE for GRADUATE NURSES

In operating room techniques, six months.
Terms begin June 21, and December 6, 1964.
Room, meals, laundering of uniforms and
monthly stipend provided.

Apply to:

**Director of Nursing Education,
COOK COUNTY SCHOOL OF NURSING,
Dept. C, 1900 West Polk Street,
Chicago, Illinois, 60612.**

NOVA SCOTIA SANATORIUM

KENTVILLE, N.S.

Offers to Graduate Nurses a Three-
Month Course in *Tuberculosis Nursing*,
including Immunology, Prevention, Medi-
cal and Surgical Treatment.

1. Full series of lectures by Medical and
Surgical staff.
2. Demonstrations and Clinics.
3. Full maintenance, salary and all staff
privileges.

For information apply to:

**DIRECTOR OF NURSING,
NOVA SCOTIA SANATORIUM,
Kentville, N.S.**

A COURSE

in Advanced Operating Room
Technique and Management

is offered by

THE MONTREAL GENERAL HOSPITAL

to

Qualified Registered Nurses

Classes of 6 months' duration are admitted March and September and are limited to 8 students.

For further information write to:

**THE DIRECTOR OF NURSING,
The Montreal General Hospital,
Montreal 25, Quebec.**

THE WINNIPEG GENERAL HOSPITAL

Offers the following opportunity for advanced preparation to qualified Registered Graduate Nurses:

A six month Clinical Course

in

**Operating Room
Principles and Advanced
Practice.**

The course commences in September of each year. Maintenance is provided, and a reasonable stipend is given each month. Enrolment is limited to a maximum of ten students.

For further information please write to:

**THE DIRECTOR OF NURSING,
700 William Ave., Winnipeg 2.**

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING

MONTREAL, QUEBEC

Postgraduate Courses

1. (a) Six month clinical course in Obstetrical Nursing.

Classes—September and February.

- (b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.

-
2. Six month course in Operating Room Technique and Management.

Classes—September and March.

-
3. Six month course in Theory and Practice in Psychiatric Nursing.

Classes—September and March.

*For information and details of the
courses, apply to:—*

**Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.**

MONTREAL CHILDREN'S HOSPITAL

Offers a 6 month postgraduate course in Nursing of Children.

ENTRANCE DATES SEPTEMBER AND MARCH

This course is designed for, **Registered Nurses** with a minimum of 1 year's experience in Pediatric Nursing.

Apply to:

**DIRECTOR OF NURSING,
Montreal Children's Hospital,
2300 Tupper Street, Montreal 25, Quebec.**

Assistant Head Nurses General Duty Registered Nurses AND Registered Nursing Assistants

REQUIRED FOR

Medical - Surgical - Pediatric Departments
in a 70-bed modern hospital. Excellent employee benefits. Good personnel policies. Located in pleasant community of 11,000 close to Toronto, Hamilton and other large centres.

Address replies to:

**Director of Nursing,
GEORGETOWN and DISTRICT
MEMORIAL HOSPITAL,
Georgetown, Ontario.**

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

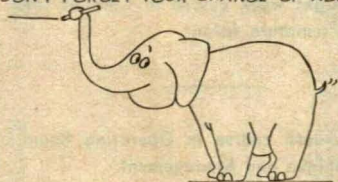
OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Classes are admitted **January, May and September.**

For complete information write to:

**DIRECTOR OF NURSING,
2125-13th Street, N.W.,
Washington, 9, D.C.**

DON'T FORGET YOUR CHANGE OF ADDRESS...



REGISTRATION No.

PROVINCE

NAME

(Maiden name, if recently married)

OLD ADDRESS

NEW ADDRESS

DATE EFFECTIVE

Mail this to:

**THE CANADIAN NURSE JOURNAL,
1522 SHERBROOKE STREET WEST, MONTREAL 25, P.Q.**

INDEX TO ADVERTISERS

MAY 1964

COMMERCIAL

Ames Co. of Canada Ltd.	436, 437	Lakeside Laboratories (Can.) Ltd.	442
Baxter Laboratories of Canada Ltd.	431, 439	Lewis-Howe (Tums)	434
Bland & Co.	440	J. B. Lippincott Co. of Canada Ltd.	Cover IV
Boehringer Ingelheim Products, Div. of Geigy (Canada) Ltd.	443	C. V. Mosby Co.	445, 446, 447
Brown Shoe Co. of Can. Ltd.	429, 528	Parke Davis & Co. Ltd.	435
Charles E. Frosst & Co.	450	J. T. Posey Co.	483
Dept. of National Defense, Reg'd. Nurses	444	W. B. Saunders Co.	441
Investors Syndicate of Can. Ltd.	448	Savage Shoes Ltd.	438
Hollister Ltd.	452	Sterilon of Canada Ltd.	449
Intra Medical Products Ltd.	451	Uniforms Reg'd.	Cover III
June Adams "Club 501"	484	Warner-Chilcott	425, 432, 433
		White Sister Uniform Inc.	Cover II

PROFESSIONAL

Alberta	485	New York Polyclinic Medical School and Hospital	503
Ajax & Pickering Gen. Hospital	509	Nova Scotia	490
Bermuda	494	Nova Scotia Sanatorium	524
British Columbia	486	Ontario	490
Charles T. Miller Hospital, St. Paul, Minn.	505	Ontario Soc. for Crippled Children	489
Children's Hospital of Washington, D.C.	526	Oshawa General Hospital	504
Cook County School of Nursing, Chicago	493, 524	Ottawa Civic Hospital	506
Dalhousie University	522	Quebec	496
Dept. of National Health and Welfare, Ottawa	487	Roseway General Hospital, Shelburne, N.S.	506
Dufferin Area Hospital, Orangeville, Ont.	502	Royal Victoria Hospital	525
England	488	St. Joseph's Hospital, Toronto	524
Hosp. for Sick Children, Toronto	491	Sarnia General Hospital	504
Humber Memorial Hospital	507	Saskatchewan	496
James Paton Memorial Hospital, Gander, Newfoundland	507	Saskatchewan Dept. of Public Health	502
Jewish General Hospital	499	Stratford General Hospital	497, 501
Manitoba	488	Toronto General Hospital	503
McGill University	523	U.S.A.	496
Montreal Children's Hosp.	495, 526	University of British Columbia	524
Montreal General Hospital	525	Vancouver General Hospital	511, 522
The National Hospital, London, England	484	Westminster Hospital, London, Ontario	524
Newfoundland	490	Winnipeg General Hospital	499, 525
		York County Hospital, Newmarket, Ontario	509

Classified advertisements are listed alphabetically

★ ★ ★

Advertising Representatives: Vanco Publications, 183 St. Clair Ave., W., Toronto 7, Ont.

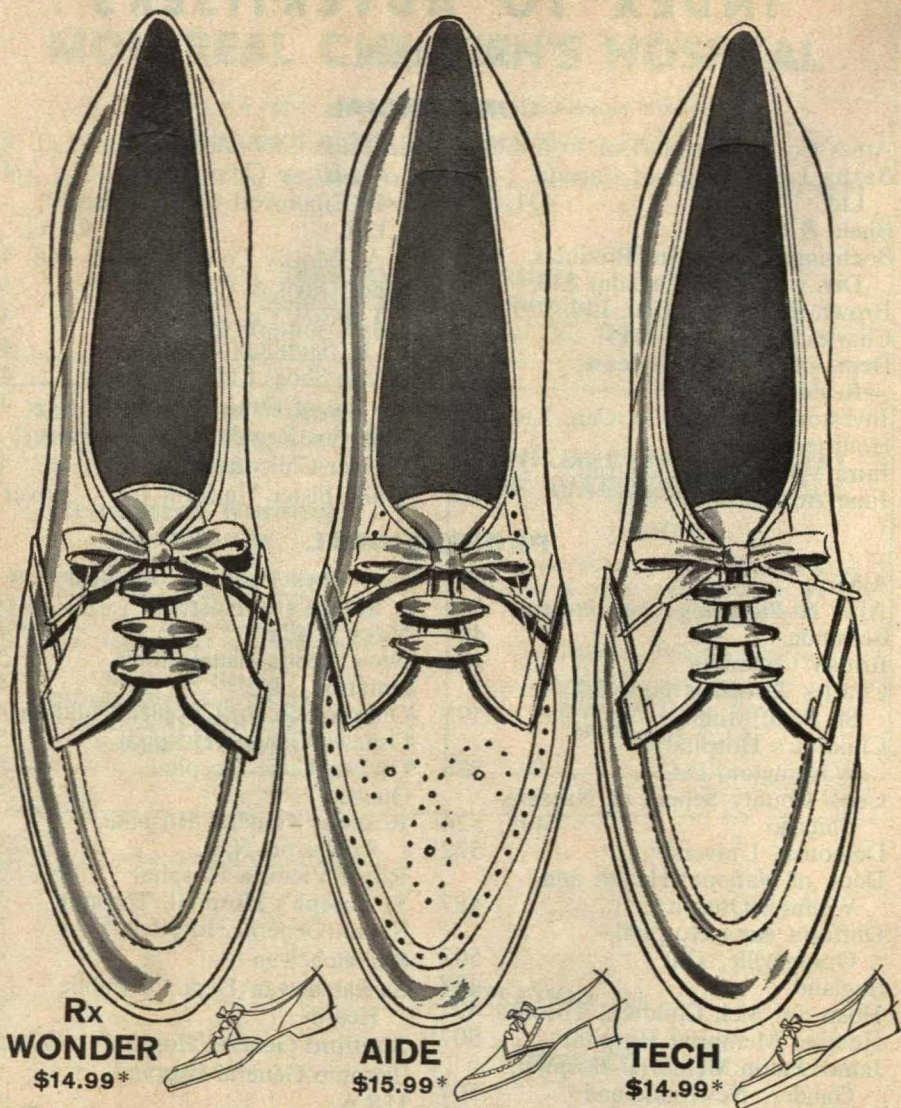
Richard P. Wilson, 1 West Lancaster Avenue, Ardmore, Penna.

Address advertising enquiries to:

Advertising Manager, Ruth H. Baumel, The Canadian Nurse Journal

1522 Sherbrooke Street West, Montreal 25, Quebec

Member of Canadian Circulation Audit Board Inc.



**Rx
WONDER**
\$14.99*

AIDE
\$15.99*

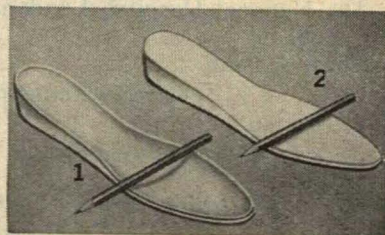
TECH
\$14.99*

Three smart styles by Naturalizer—

and the smartest thing about them is their amazing Wondersole!

1 Wondersole is shaped to match the contour of the foot. Supports body weight evenly, over all parts of the foot. Lets you stand and walk longer without strain.

2 Ordinary insoles are flat. The ball and heel of your foot are forced to support the entire body weight. Feet tire easily.



Naturalizer
THE SHOE WITH THE BEAUTIFUL FIT
with

Wondersole™

*Prices quoted are Suggested Retail Prices

For name of your nearest dealer, write:
NATURALIZER DIVISION, BROWN SHOE
COMPANY OF CANADA, LTD., PERTH, ONTARIO

Picture yourself

in this exciting new
DACRON
PUCKER



Style 919



Style 819

Finest quality imported 100%
Dacron Pucker
Convertible collar
Sizes 8 to 24
about \$14.98

UNIFORMS
REGISTERED *of*
Toronto

778 KING STREET WEST • TORONTO 2B, ONTARIO
AT BETTER STORES EVERYWHERE • WRITE FOR CATALOGUE



Nursing Education Monographs

Out of the graduate preparation of nurses for leadership roles come new studies, new ideas which contribute to the development and refinement of philosophy, goals and methods in nursing. The objective of this monograph series, sponsored by the Department of Nursing Education of Teachers College, Columbia University, is to communicate these contributions in the interest of improvement of nursing education and nursing service. Based on dissertations at the doctoral level, the following monographs have been published by the Bureau of Publications, Teachers College, and are distributed around the world by J. B. LIPPINCOTT COMPANY.

NURSING OF ADULTS: A Plan for Teaching Care of Adults (Number 1)

By DOROTHY W. SMITH, R.N., Ed.D., *Chairman, Department of Medical-Surgical Nursing, College of Nursing, Rutgers University.*

Instructors in clinical nursing programs can obtain from this monograph specific ideas for general problems. It offers suggestions for making the curriculum more unified, realistic and useful.

63 PAGES

1962

PAPERBOUND

\$2.00

DEVELOPMENT OF GENERAL EDUCATION IN COLLEGIATE NURSING PROGRAMS:

Role of the Administrator (Number 2)

By MARY KOHL PILLEPICH, R.N., Ed.D., *Dean, School of Nursing, Keuka College.*

Casts light on the conflict between General Education's insistence on the indivisibility of its parts and Nursing's belief in its own uniqueness. The author examines the hypothesis that baccalaureate nursing programs place primary emphasis on purely professional objectives and give secondary consideration to General Education's objectives.

86 PAGES

1963

PAPERBOUND

\$3.00

INTRODUCTION TO ASEPSIS: A Programed Unit in Fundamentals of Nursing (Number 3)

By MARIE M. SEEDOR, R.N., Ed.D., *Instructor, Department of Nursing Education, Teachers College, Columbia University.*

You'll find this fully programed (branching) text to be an excellent self-teaching tool for students taking the Fundamentals of Nursing course and for in-service education. The unit was adapted from a teaching machine program and has been tested extensively in nursing school classrooms.

274 PAGES

1963

PAPERBOUND

STUDENT EDITION \$3.75

TEACHER'S EDITION \$4.25

PROGRAMED INSTRUCTION FOR NURSING IN THE COMMUNITY COLLEGE (Number 4)

By MARIE M. SEEDOR, R.N., Ed.D.

This monograph's purpose is to introduce nursing instructors to the entire subject of programed instruction. The author describes how programing is done, emphasizes that sufficient time is essential in developing programing skill and discusses the testing that is necessary before accepting a unit for general use by students.

117 PAGES

1963

PAPERBOUND

\$3.00

EVALUATING STUDENT PROGRESS IN LEARNING THE PRACTICE OF NURSING (Number 5)

By ALICE R. RINES, R.N., Ed.D.

A timely treatise that underscores the urgent need for improved methods of measuring student achievement in the clinical area. The "why" and "how" of evaluation is clearly detailed to provide nursing educators with a better yardstick for gauging student performance on the floors.

76 PAGES

1963

PAPERBOUND

\$2.75

J. B. LIPPINCOTT COMPANY OF CANADA LTD., 4865 Western Ave., Montreal 6, P.Q.

Please send the books indicated by the circled number below:

No. 1

No. 2

No. 3

No. 4

No. 5

NAME

ADDRESS

CITY

PROV.

Lippincott